

Case Number:	CM15-0040944		
Date Assigned:	03/11/2015	Date of Injury:	05/06/1996
Decision Date:	04/21/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/04/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 65-year-old female, who sustained an industrial injury on May 6, 1996. She reported injuries sustained in the lumbar spine and right knee with emotional stress occurring in the workplace. The injured worker was diagnosed as having chronic right knee pain and chronic spinal sprain with L2-L3 disc herniation, and major depressive disorder. Treatment to date has included physiotherapy, and medication. Currently, the injured worker complains of chronic right knee and back pain. The Primary Treating Physician's report dated January 12, 2015, noted the injured worker with complaint of 8/10 pain, with a significant increase in her pain without recent use of Tramadol or Voltaren gel since November 2014. The right knee was noted to have moderate edema over the medial and lateral aspect of the right patellofemoral joint space, with mild tenderness to palpation over the medial tibiofemoral joint space. The lumbar spine was noted to be moderately tenderness to palpation over the SI joints bilaterally as well as over the spinous processes of L4-L5, with positive bilateral straight leg test. The Physician refilled the Tramadol and the Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Tramadol 50 mg, ninety count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with lumbar spine and right knee pain. The request is for TRAMADOL 50MG NINETY COUNT TWO REFILLS. The request for authorization is dated 01/12/15. Pain is rated at 8/10 without and 5-6/10 with medications, making her more capable of undergoing her activities of daily living. The patient has some mild discomfort with McMurray's test over the medial tibiofemoral joint space. The patient has a positive sitting straight leg test bilaterally. She states that she had a significant improvement in her range of motion when she previously underwent physiotherapy, and she would like to return for more of that treatment modality at this time. The patient is provided medical doctor visits, medications, physical therapy and surgery in the future if indicated. She is allowed psyche consultations monthly and indefinitely, and psychiatric medication. Patient's medications include Klonopin, Gabapentin, Adderall, Tramadol and Voltaren. The patient is on modified work duty. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Treater does not provide reason for the request. The patient is prescribed Tramadol since at least 10/13/14. MTUS requires appropriate discussion of the 4A's, and in addressing analgesia, the treater documents pain reduction from 8/10 to 5-6/10 with use of Tramadol. However, in addressing all of the 4A's, treater does not discuss how Tramadol significantly improves patient's activities of daily living with specific examples of ADL's. No validated instrument has been used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. No UDS, CURES or opioid pain contract, either. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

Voltaren gel 1%, three 100 gram tubes with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with lumbar spine and right knee pain. The request is for VOLTAREN GEL 1% THREE 100 GRAM TUBES WITH TWO REFILLS. The request for authorization is dated 01/12/15. Pain is rated at 8/10 without and 5-6/10 with medications, making her more capable of undergoing her activities of daily living. The patient has some mild discomfort with McMurray's test over the medial tibiofemoral joint space. The patient has a

positive sitting straight leg test bilaterally. She states that she had a significant improvement in her range of motion when she previously underwent physiotherapy, and she would like to return for more of that treatment modality at this time. The patient is provided medical doctor visits, medications, physical therapy and surgery in the future if indicated. She is allowed psyche consultations monthly and indefinitely, and psychiatric medication. Patient's medications include Klonopin, Gabapentin, Adderall, Tramadol and Voltaren. The patient is on modified work duty. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Treater does not provide reason for the request. The patient is prescribed Voltaren since at least 10/13/14. However, there is no discussion regarding the location that is to be treated. Additionally, the treater does not document or discuss why the patient cannot take this or similar medication on an oral basis. Furthermore, the patient does not present with peripheral joint arthritis/tendinitis, for which an NSAID lotion would be indicated. The request does not meet MTUS indications. Therefore, the request IS NOT medically necessary.