

Case Number:	CM15-0045842		
Date Assigned:	03/18/2015	Date of Injury:	05/26/2010
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/10/2015

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: Maryland, District of Columbia
Certification(s)/Specialty: Internal Medicine

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 73 year old male, who sustained an industrial injury on 05/26/2010. According to a progress report dated 02/04/2015, the injured worker was seen in follow up of persistent pain in the neck. Pain was rated 7-8 on a scale of 1-10. Lower back pain was rated 7-8. Right shoulder pain was rated 6-7. Left wrist pain was rated 6-7. Right knee pain was rated 8. Pain was made better with rest and medications. Tramadol brought pain from 8 to 5 as well as Voltaren gel which helped pain come from 8 to 6. He could not take oral nonsteroidal anti-inflammatory drugs (NSAIDs) as he had gastrointestinal upset secondary to the use of NSAIDs. Diagnoses included status post right shoulder rotator cuff repair, chronic cervical spine strain, chronic lumbar spine strain with disc herniation and lower extremity radicular pain and left carpal tunnel syndrome status post release. The provider wrote a prescription for Tramadol Omeprazole and Voltaren gel as there were no signs of abuse, overuse or adverse reactions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL tab 50mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, ongoing management Page(s): 77-80.

Decision rationale: The employee had neck, lower back, right shoulder, left wrist and right knee pain. Tramadol improved pain from 8/10 to 5/10 and Voltaren gel improved pain from 8/10 to 6/10. He was unable to take oral NSAIDs due to GI upset. The right knee examination showed decreased range of motion with flexion 120 degrees and extension 0 degrees. There was 1+ swelling at the medial and lateral aspects superiorly in respect to the patella. There was also tenderness to the medial and lateral joint lines. The request was for Tramadol and Voltaren gel. There were no signs of abuse or adverse reactions. According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. According to the guidelines, the lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, medication use and side effects should be documented as necessary. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The employee was being treated for multiple joint pain and had been on Tramadol. He was reported not to be working and there was documentation in the progress notes, on pain scale improvement with the use of Tramadol and his inability to take oral medications due to gastric symptoms. Hence, the request for continued use of Tramadol is medically necessary and appropriate.

Voltaren Gel 1% 12 day supply #100: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren gel Page(s): 112.

Decision rationale: The employee had neck, lower back, right shoulder, left wrist and right knee pain. Tramadol improved pain from 8/10 to 5/10 and Voltaren gel improved pain from 8/10 to 6/10. He was unable to take oral NSAIDs due to GI upset. The right knee examination showed decreased range of motion with flexion 120 degrees and extension 0 degrees. There was 1+ swelling at the medial and lateral aspects superiorly in respect to the patella. There was also tenderness to the medial and lateral joint lines. The request was for Tramadol and Voltaren gel. There were no signs of abuse or adverse reactions. According to chronic pain medical treatment guidelines topical NSAIDs such as topical Voltaren, can be indicated in the treatment of arthritis and/or tendinitis in joints that lend themselves to topical treatment such as the elbow, wrist or knee. Maximum dose should not exceed 32 g per day, with 8 g per joint per day in upper extremity and 16 g per joint per day in the lower extremities. In this case, the employee is experiencing ongoing right knee pain and is unable to take oral NSAIDs. He had improvement of pain and had no adverse effects. Therefore, the request for Voltaren gel 1% is medically necessary and appropriate.

