

Case Number:	CM15-0046164		
Date Assigned:	03/18/2015	Date of Injury:	07/17/2006
Decision Date:	04/23/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/11/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow, low back, and neck pain reportedly associated with an industrial injury of July 17, 2006. In a Utilization Review Report dated February 12, 2015, the claims administrator failed to approve a request for oral tramadol and topical Voltaren. The applicant's attorney subsequently appealed. In a progress note dated August 7, 2014, the attending provider performed an elbow corticosteroid injection. The applicant is asked to continue tramadol for pain relief. The attending provider stated that ongoing medication consumption was ameliorating the applicant's ability to walk, perform household chores, and lift. The applicant had ancillary complaints of diabetes. The applicant's work status was not clearly detailed. On January 29, 2015 progress note, the applicant was apparently asked to continue permanent work restrictions. Ongoing complaints of neck, back, and elbow pain were reported. The attending provider stated that the applicant was using tramadol twice daily and was reportedly using Voltaren gel for elbow epicondylitis. On October 14, 2014, the attending provider stated that the applicant's medications were attenuating the pain complaints. 8/10 without medications and 3-4/10 with medications and were ameliorating his ability to perform household chores, wash cloth, wash dishes, walk his dog, etc.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg; Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Tramadol (Ultram; Ultram ER, generic available in immediate release tablet).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Yes, the request for tramadol, a synthetic opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, while the applicant's work status was not clearly detailed, the attending provider did recount a reduction of pain scores from 8/10 without medications to 3-4/10 with medications. The attending provider did state that the applicant's ability to perform a variety of activities of daily living, including walking his dog, lifting, standing, walking, household chores, etc., had all reportedly been ameliorated as a result of ongoing medication consumption, including ongoing tramadol consumption. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Voltaren Gel 1% 200mg Qty 2 tubes: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: Similarly, the request for Voltaren gel was likewise medically necessary, medically appropriate, and indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs such as Voltaren are indicated in the treatment of osteoarthritis of the knee, elbow, and other joints amenable to topical application. Here, the applicant was asked to use topical Voltaren for elbow epicondylitis, i.e., a diagnosis for which topical NSAIDs are recommended. As with the request for oral tramadol, the attending provider did successfully establish the ongoing usage of Voltaren gel, had, in fact, proven beneficial in terms of ameliorating the applicant's ability to grip, grasp, performed household chores, etc. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.