

<b>Case Number:</b>	CM15-0052056		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	08/18/2003
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: New Jersey  
 Certification(s)/Specialty: Family Practice

### 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 51 year old female, who sustained an industrial injury on 8/18/03. She reported pain in the neck, right shoulder, right arm, right elbow, and back. The injured worker was diagnosed as having chronic neck, back, shoulder, and bilateral wrist pain. Treatment to date has included medication, chiropractic treatment, and a home exercise program. Currently, the injured worker complains of pain in the neck, low back, shoulder, and wrist. The treating physician requested authorization for Voltaren gel 100g #2 with 2 refills and Tramadol 50mg #60 with 2 refills. The treating physician noted Tramadol did not help in the past. The injured worker has been off Tramadol for a period of time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 100 Gram #2 Tubes with 2 Refills:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, not enough information was presented to determine how the worker used the Voltaren gel before this request for renewal in terms of which body area used, which is important since the neck and shoulder areas are not approved areas for Voltaren use. Also, there was no general report of how effective Voltaren was on improving function and reducing pain levels, which is required before consideration of a renewal can be made. Therefore, due to lack of documented evidence of benefit, the Voltaren is not medically necessary at this time.

**Tramadol 50 MG #60 with 2 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documentation which showed clear benefit with prior use such as functional gains and pain reduction. Also, the worker stated prior to the vacation off of the tramadol, that the "Ultram did not help significantly" and that she "Wants to stop this." Although the provider suggests that reintroducing the tramadol will likely be more helpful this time around, there is no evidence presented which would support this theory. Therefore, the request for tramadol 50 mg #60 is not medically necessary at this time.

