

<b>Case Number:</b>	CM15-0117816		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	09/26/2005
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Arizona, Michigan

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 injured worker is a 62 year old female, who sustained an industrial injury on September 26, 2005. Per the UR documentation, the injured worker was injured when a student ran to give her a hug, causing her to fall and hurt her left wrist and back. The injured worker was diagnosed as having lumbar degenerative disc disease, sciatica, lumbar spinal stenosis, lumbar sprain/strain, and lumbar stenosis. Treatment to date has included medication. Currently, the injured worker complains of daily pain in her back. The Treating Physician's report dated May 12, 2015, noted the injured worker with symptoms of back pain for approximately nine years. Physical examination was noted to show persistence of tenderness and spasm in the right sacroiliac joint area, with active range of motion (ROM) of the thoracolumbar spine limited, and straight leg raise test on the right mildly positive. The injured worker was noted to have a visual analog scale (VAS) score of 65 without medication and a 23 with the current regimen of medication, with function dramatically improved. The analgesic medications were noted to provide a substantial reduction in pain for a minimum of up to six hours. The injured worker was provided with written prescriptions for Ultracet, Celebrex, and Voltaren gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1% #100:** 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): 111-112.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed, and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested compound medication contains Diclofenac, a non-steroid anti-inflammatory drug (NSAID). The guidelines note that NSAID medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Voltaren Gel 1% (diclofenac) gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The documentation provided noted the injured worker had complaints of daily pain in her back. The documentation provided also reveals that the injured worker is doing well on her current regimen of medications. Therefore, based on the MTUS guidelines and the injured workers clinical response to treatment the request for Voltaren Gel 1% #100 is medically necessary.

**Tramadol / APAP tab 37.5-325mg #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 78, 89, 93, 113.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines note to continue opioids when the injured worker has returned to work, and if the injured worker has improved functioning and pain. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The documentation provided noted the injured worker had an improvement in pain, function, and quality of life with the analgesic medications, the documentation provided also reveals that the injured worker is doing well on her current regimen of medications. Therefore, based on the MTUS guidelines and the injured workers clinical response to treatment the request for Tramadol/APAP tab 37.5-325mg #180 is medically necessary.