

Case Number:	CM15-0121087		
Date Assigned:	07/01/2015	Date of Injury:	08/14/2009
Decision Date:	07/31/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/23/2015

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: 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 (IW) is a 70 year old male who sustained an industrial injury on 08/14/2009. The worker was struck by a big rig truck traveling at approximately 3 miles per hour. The injured worker was diagnosed as having right heel/ankle fracture, right knee pain, abrasion over the left eye. Treatment to date has included initial surgery to repair the lacerations and fractures in the right foot, and on 08/19/2009, a right below the knee amputation. Currently, the injured worker complains of having trouble with his right leg amputation and prosthesis. He has phantom pain. Objectively, he is able to transfer from a chair without difficulty. He ambulates with a right lateral lean, and is able to don and doff the prosthesis. He has had to use a thinner residual limb sock on his prosthesis. Current diagnoses are: amputation of the leg below the knee with complications, calcifying tendonitis of the shoulder, left carpal tunnel syndrome from chronic cane use, cervicalgia, and left shoulder biceps tendonitis. The treatment plan is for the worker to see the prosthetist to evaluate the socket, and to refill medications. The worker is on Topamax, Ultram, Lexapro, and Vicodin. A request for authorization is made for the following: 1. 1 prescription of Ultram 50mg #90, 2. 1 prescription of Voltaren Gel 15 100gms #5, 3. 1 prescription of Topamax 50mg #60, 4. 1 prescription of Vicodin 5/300mg #30, 5. 1 referral to prosthetist to evaluate socket, 6. 1 consultation, 7. 1 urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ultram 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Ultram is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Ultram, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. The patient was also prescribed Vicodin and the concurrent request has been approved by the previous reviewer. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. 1 prescription of Ultram 50mg #90 is not medically necessary.

1 prescription of Voltaren Gel 15 100gms #5: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Voltaren Gel (diclofenac).

Decision rationale: According to the Official Disability Guidelines, Voltaren gel is not recommended as a first as a first-line treatment, and is recommended only for osteoarthritis after failure of oral NSAIDs, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. Documentation in the medical record does not meet guideline criteria. 1 prescription of Voltaren Gel 15 100gms #5 is not medically necessary.