

<b>Case Number:</b>	CM15-0076205		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	02/19/2014
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: Emergency 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 54 year old male who sustained an industrial injury on 02/19/2014. The injured worker was diagnosed with cervical spine musculoligamentous sprain/strain, lumbar spine musculoligamentous sprain/strain with multilevel disc desiccation, protrusion, foraminal and mild canal stenosis with facet degenerative changes, right shoulder sprain/strain with tendinitis and acromioclavicular degenerative joint disease, right wrist tear of the triangular fibro-cartilage complex, right elbow medial and lateral epicondylitis and bilateral knee sprain/strain with degeneration of the medial meniscus. No surgical interventions were documented. Treatment to date includes conservative measures, diagnostic testing, physical therapy, acupuncture therapy, chiropractic therapy, extracorporeal shockwave therapy to the lower back and medications. According to the primary treating physician's progress report on March 27, 2015, the injured worker continues to experience low back pain radiating to the left leg, left knee pain with popping noise with flexion and right elbow pain. The injured worker reports right knee is improved and right shoulder and wrist symptoms have improved with acupuncture treatment. The injured worker rates his pain level at 5/10 which remains unchanged from a previous visit. Examination of the lumbar spine demonstrated tenderness to palpation with spasm over the paraspinal muscles and lumbosacral junction and decreased range of motion. Straight leg raise is negative bilaterally. Examination of the left knee reveals tenderness to palpation over the patellar region with crepitus and decreased range of motion. Sensory is decreased in the left lower extremity along the L4 and L5 dermatomes. The bilateral elbows are tender to palpation over the medial and lateral epicondyles. The injured worker declined steroid

injections and invasive therapy at this time. Current medications are listed as Voltaren XR and Ultram. Treatment plan consists of continuing conservative measures, home exercise program and the current request for Ultram and Voltaren XR.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ultram 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113 Page(s): 78-82, 113.

**Decision rationale:** The requested Ultram 150mg #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain radiating to the left leg, left knee pain with popping noise with flexion and right elbow pain. The injured worker reports right knee is improved and right shoulder and wrist symptoms have improved with acupuncture treatment. The injured worker rates his pain level at 5/10 which remains unchanged from a previous visit. Examination of the lumbar spine demonstrated tenderness to palpation with spasm over the paraspinal muscles and lumbosacral junction and decreased range of motion. Straight leg raise is negative bilaterally. Examination of the left knee reveals tenderness to palpation over the patellar region with crepitus and decreased range of motion. Sensory is decreased in the left lower extremity along the L4 and L5 dermatomes. The bilateral elbows are tender to palpation over the medial and lateral epicondyles. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Ultram 150mg #30 is not medically necessary.

**Voltaren XR 100mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The requested Voltaren XR 100mg #30, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has low back pain radiating to the left leg, left knee pain with popping noise with flexion and right elbow pain. The injured worker reports right knee is improved and right shoulder and wrist symptoms have improved with acupuncture treatment. The injured worker rates his pain level at 5/10 which remains unchanged from a previous visit. Examination of the lumbar spine demonstrated tenderness to palpation with spasm over the paraspinal muscles and lumbosacral junction and decreased range of motion. Straight leg raise is negative bilaterally. Examination of the left knee reveals tenderness to palpation over the patellar region with crepitus and decreased range of motion. Sensory is decreased in the left lower extremity along the L4 and L5 dermatomes. The bilateral elbows are tender to palpation over the medial and lateral epicondyles. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Voltaren XR 100mg #30 is not medically necessary.