

Case Number:	CM15-0078650		
Date Assigned:	04/29/2015	Date of Injury:	11/03/2011
Decision Date:	06/17/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/24/2015

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, California
 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 53 year old female, who sustained an industrial injury on November 3, 2011. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having cervical pain, cervical radiculopathy, shoulder pain, and low back pain. Diagnostic studies to date have included MRI, x-rays, and urine drug screening. Treatment to date has included work modifications, physical therapy, massage therapy, a home exercise program, a home transcutaneous electrical nerve stimulation (TENS) unit, cervical radiofrequency ablation, trigger point injections, medial branch block, and medications including oral pain, topical pain, proton pump inhibitor, anti-epilepsy, oral non-steroidal anti-inflammatory, and topical non-steroidal anti-inflammatory. On April 2, 2015, the injured worker complains of neck and right upper extremity pain. She reports her back is hurting more and is now having left arm pain. Her pain is rated 4.5/10 with medications and 9.5/10 without medications. Her medications are working well and her activity level is increased. The treating physician noted the Controlled Substance Utilization Review and Evaluation System (CURES) report from March 18, 2015 was consistent and appropriate, and the urine toxicology from March 1, 2012 was inconsistent: Tramadol = 75ng/ml. The physical exam revealed a normal gait, restricted cervical range of motion with pain, tenderness of the cervical paravertebral muscles with a tight muscle band on the right, trigger point with radiating pain and twitch response on palpation of the bilateral trapezius muscle, and tenderness of the cervical spine and trapezius. The left shoulder exam revealed restricted range of motion with pain, and tenderness of the acromioclavicular joint, glenohumeral joint, and subdeltoid bursa. The motor

exam of the right upper extremity was normal except for the shoulder external rotation was decreased. The treatment plan includes continuing her Ultram and Voltaren 1% Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg qty:60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant had been on Tramadol for several months in combination with Motrin. There was no indication of the pain level with a reduced dose of Tramadol or alternative medication such as Tylenol or Tricyclic. Long-term use is not indicated and not medically necessary.

Voltaren 1% gel qty: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. It 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. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the gel for several months and additional 3 months refill is not indicated. The claimant did not have a diagnosis of arthritis. There are diminishing effects after 2 weeks. The Voltaren gel is not medically necessary.