

Case Number:	CM15-0090530		
Date Assigned:	05/14/2015	Date of Injury:	10/01/2002
Decision Date:	06/18/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/11/2015

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: Texas, New York, 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 applicant is a represented 70-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of January 1, 2002. In a Utilization Review report dated May 1, 2015, the claims administrator failed to approve requests for Voltaren gel, tramadol, and Theramine. The claims administrator referenced a progress note and associated RFA form of March 4, 2015 in its determination. The applicant's attorney subsequently appealed. On December 1, 2014, the applicant reported ongoing complaints of neck, low back, wrist, and hand pain, 6-7/10. Gabapentin was endorsed. The applicant's work status and complete medications were not attached. In a RFA form dated March 4, 2015, multiple medications and dietary supplements including Theramine, Gabadone, Voltarel gel, Bentyl, Nexium, and others were prescribed. In an associated progress note of the same date, March 4, 2015, the applicant reported 8/10 neck and right upper extremity pain with derivative complaints of sleep disturbance and depression. The applicant's medication list included Nexium, Citrucel, Colace, simethicone, probiotics, Bentyl, Voltaren gel, tramadol, Theramine, and Gabadone, it was reported. Permanent work restrictions were renewed. The applicant was not working and had "retired" from his former place of employment, it was reported. Little-to-no discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel #1 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: No, the request for Voltaren gel, a topical NSAID, was not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generators were neck and shoulder. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical Voltaren has "not been evaluated" for the treatment of the spine and/or shoulder, i.e., the primary pain generators here. The attending provider did not furnish a clear, compelling, or cogent rationale for selection of Voltaren gel in the face of the unfavorable MTUS position on the same for the body parts in question. Therefore, the request was not medically necessary.

Tramadol 50mg #60, three bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (Chronic) Chapter - Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, as suggested above, whether as a result of chronic pain issues or age-related retirement. 8/10 pain complaints were reported on the March 4, 2015 progress note at issue. The attending provider failed to outline any meaningful or material improvements in function or quantifiable decrements in pain effected as a result of ongoing tramadol usage (if any). Therefore, the request was not medically necessary.

Theramine #60, six bottles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Medical Food Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 926 ACOEM Occupational Medicine Practice Guidelines, 3rd ed, Chronic Pain: Complementary, Alternative Treatments Or Dietary Supplements, Etc.

Decision rationale: Finally, the request for Theramine, a dietary supplement, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of dietary supplements in the chronic pain context present here. However, the Third Edition ACOEM Guidelines note that dietary supplements such as Theramine are "not recommended" for chronic pain purposes as there is no evidence of their efficacy. Therefore, the request was not medically necessary.