

Case Number:	CM13-0020230		
Date Assigned:	10/11/2013	Date of Injury:	07/20/2012
Decision Date:	01/22/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 5'6", 160 lbs, 36 year-old male roofer that fell one story on 7/20/12 and injured his right lower extremity. He was reported to have fractured his fibula at the ankle, and has been having knee and hip pain. The IMR application shows a dispute with the 8/29/13 UR decision. The 8/29/13 UR decision is by CID, and is a retrospective non-certification for Tramadol 50mg #90 and Methoderm 120mg for 8/19/13. UR based their opinion on the 8/19/13 medical report. The diagnosis is lower back pain, right knee pain, contusion, ankle, foot pain, pain in joint upper arm and right hip tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Section Page(s): 113.

Decision rationale: From the available records, the Tramadol was apparently first prescribed on 8/20/13. The available medical reports prior to 8/20/13 show only use of Tylenol and NSAIDs.

The 6/14/13 report states the patient was having 6/10 knee pain at the medial aspect, somewhat helped with Tylenol and rest. It appears the Tylenol provided some relief, but not enough to eliminate the pain, and that the Tramadol was a second-line choice. The patient was reported to have moderate 6/10 pain. The request appears to be consistent with MTUS guidelines.

Menthoderm 120 ml: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Section Page(s): 105.

Decision rationale: The California MTUS states topical salicylates are better than placebo for chronic pain. The California MTUS gives the example of "Ben-Gay", which is methyl salicylate and menthol. These are the same two components in Menthoderm. The request appears to be in accordance with MTUS guidelines.