

Case Number:	CM13-0044658		
Date Assigned:	12/27/2013	Date of Injury:	11/02/2010
Decision Date:	02/28/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/31/2013

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 & Rehabilitation and is licensed to practice in Ohio and Texas. 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:

The patient is a 67-year-old male who reported an injury on 11/02/2010. The mechanism of injury was stated to be the patient was test driving a customer's car after repair and the patient was rear ended while at a stop sign. The patient was noted to have cervical spine pain, lumbar spine pain, and left shoulder, pain. The patient was noted to be taking tramadol. The patient reported improvement in the pain level from 8/10 to 3/10 on a scale of 0 to 10 after taking the medication. The patient was noted to have tenderness to palpation over the trapezius and paravertebral muscles bilaterally. Palpation of the trapezius muscles revealed hypertonicity on the left and the Spurling's test was positive on the left side. The patient's diagnoses were noted to include cervical stenosis, lumbar disc herniation with stenosis, and left rotator cuff syndrome. The request was made for Ultram to address the patient's moderate to severe cervical spine pain and Capsaicin based Biotherm cream to address nonspecific lower back pain and neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram (Tramadol 50mg) #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management Page(s): 82, 93, 94, 113, 78.

Decision rationale: California MTUS states Central analgesics drugs such as Tramadol (Ultram®) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The patient reported improvement in the pain level from 8/10 to 3/10 on a scale of 0 to 10 after taking the medication. However, there was a lack of documentation of objective functional benefit, adverse side effects and if there was aberrant drug taking behavior. Given the above, the request for Ultram (tramadol 50 mg) #120 is not medically necessary.

Bio-Therm (Menthyl Salicylate 20%, Menthol 10%, Capsaicin .002%) 4oz x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, Capsaicin, Page(s): 105, 111, 112.

Decision rationale: California MTUS states that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." Additionally it indicates that Topical Salicylates are approved for chronic pain. The clinical documentation submitted for review indicated that the patient had not responded or was intolerant to other treatments. The patient was noted to be intolerant to other treatments including physical therapy, activity restrictions, and home exercise, and the patient was noted to remain significantly symptomatic. The request for Biotherm would be supported; however, there was a lack of documentation indicating the necessity for two Biotherm. Given the above, the request for Biotherm (Menthyl Salicylate 20%, Menthol 10%, Capsaicin .002%) 4 oz times 2 is not medically necessary.