

<b>Case Number:</b>	CM13-0049383		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/26/2008
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in 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 45-year-old male who reported an injury on 11/26/2008. The mechanism of injury was not provided. The patient was noted to have subjective complaints of 8 on a 1 to 10 pain level. The patient was noted to have tenderness to palpation. The patient's diagnoses include lumbar discogenic syndrome, cervical degenerative disc disease, shoulder joint pain, cervical and lumbar radiculopathy, myofascial pain and poor coping with chronic pain. The request was made for tramadol and Methoderm cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol:** Upheld

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

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

**Decision rationale:** The guidelines state that central analgesic drugs, such as tramadol (Ultram®), are reported to be effective in managing neuropathic pain and are not recommended as a first-line oral analgesic. The guidelines recommend that there should be documentation of the "4 As" for ongoing monitoring including analgesia, activities of daily

living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the "4 A's" to support the ongoing use of the medication requested. Additionally, there was lack of documentation of strength and quantity of tramadol being requested. Given the above, the request for tramadol is not medically necessary or appropriate at this time.

**Menthoderm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** Regarding topical analgesics, the guidelines state that many agents are compounded as monotherapy or in combination for pain control and that there is little to no research to support the use of many of these agents. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Mentoderm is a topical analgesic that contains methyl salicylate and menthol. The clinical documentation submitted for review failed to provide that the patient has trialed antidepressants and anticonvulsants, and that they have failed. There was a lack of quantity being requested and efficacy of the medication. Given the above, the request for Mentoderm is not medically necessary or appropriate.