MAXIMUS Federal Services

Case Number:	CM13-0057973		
Date Assigned:	12/30/2013	Date of Injury:	07/12/2012
Decision Date:	04/24/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/26/2013

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. 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/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 claimant is a 34 year old male who sustained an industrial injury on 7/12/12. The mechanism of injury was not provided. His diagnoses include contusions to the neck, face, and scalp, and back and shoulder pain. He continues to complain of neck and left shoulder pain. On exam, there is decreased range of motion of the neck and pain with range of motion of the left shoulder. Treatment has included medical therapy with opiates, topical medications, and a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 TRAMADOL 50MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-96.

Decision rationale: Per the California MTUS, Tramadol is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should

include current pain, last reported pain over the period since last asessment, average pain, intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation, there has been no documentation of the medication's pain relief effectiveness and no clear documentation that he has responded to ongoing opioid therapy. According to the California MTUS guidelines, there has to be ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. In addition, the claimant is to re-start Vicodin for pain control and is maintained on Sertraline, a serotonin reuptake inhibitor. Tramadol may cause serotonin syndrome particulary in combination with seritonin reuptake inhibitors. Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.

MENTHODERM 120ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12 p

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11.

Decision rationale: Menthoderm is a topical cream containing methyl salicylate and menthol. Per the California MTUS guidelines, topical non-steroidal anti-inflammatory medications are used for the treatment of osteoarthritis, particularly the knee. There is little evidence that suppoorts them as a treatment option for spine and shoulder conditions. The duration of effect is for a period of 4-12 weeks with reported diminshed effectiveness over time. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.