

Case Number:	CM13-0071851		
Date Assigned:	01/08/2014	Date of Injury:	03/06/2013
Decision Date:	07/02/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/30/2013

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 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 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 patient is a 63 year old female who was injured on 03/06/2013 while at work she slipped and fell injuring her bilateral knees, bilateral elbows and left shoulder. Prior treatment history has included physical therapy. Medications include: tramadol, Biotherm, Prilosec. Diagnostic studies reviewed include urine drug screen 04/05/2013 showing tramadol metabolite not detected as prescribed. Progress note dated 07/23/2013 documented the patient with complaints of pain in both knees, although worse on the left at this time. She also complains with pain in her left elbow with repetitive use. Examination of the left elbow revealed no erythema or edema. There was medical joint line tenderness to palpation. She has full active range of motion with pain on endpoint of extension. Treatment Plan: Prescription for tramadol 50 mg #90. Discussion: The patient will continue physical therapy. She does continue with moderate to severe pain affecting her shoulder and bilateral knee with neuropathic pain involving the left upper extremity. I am prescribing Ultram as a second line of therapy. PR-2 dated 11/01/2013 documented the patient with complaints of pain in her left shoulder, bilateral elbows and bilateral knees. The patient is using Bio-Therm topical cream twice daily. She reports improvement in her pain levels from 8/10 to 6/10 after taking the medications. Objective findings reveal examination of the left shoulder revealed limited range of motion with flexion at 110 degrees, abduction 90 degrees, and external rotation at 40 degrees. There was painful arc of motion noted beyond 135 degrees. There was acromioclavicular joint tenderness noted. Muscle strength was 4/5 on flexion, abduction and external rotation. Diagnoses: 1. Left shoulder strain. 2. Bilateral elbow strain/contusion. 3. Bilateral knee contusion/strain. Treatment Plan: she will be prescribed Ultram 50 mg every 6 hours as well as refill her Bio-Therm cream. UR report dated 12/16/2013 denied the request for Bio-Therm cream because the utility of topical menthol is not established. The constituent parts of capsaicin and methyl salicylate are well supported for use at this time, with the patient's clinical situation. The request for Ultram (Tramadol 50 mg) was modified and approved for #75 instead

of #120. It is not entirely clear that long term use of tramadol is necessary as the patient stated feeling better with physical therapy. AS/mp.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM (TRAMADOL 50MG) TABLET #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

Decision rationale: The CA MTUS guidelines recommend chronic Opioid therapy for select patients who meet certain criteria. Amongst the criteria are improved analgesia, no significant adverse effects, no aberrant drug seeking behavior, and improvement in ADLs. There were no recent clinical documents provided. Some of the documents provided were handwritten and illegible. The clinical documents provided do not clearly demonstrate the patient has had a sufficient reduction in her pain but it appears she has been taking Tramadol for greater than 1 year. The documents do not demonstrate the patient has had a significant improvement in ADLs. There was no evidence of a signed pain contract or recent urine drug screening. Based on the CA MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

BIO THERM (MENTHYL SALICYLATE, 20% /MENTHOL 10%/CAPSAICIN 0.002%) 4 OZ: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The CA MTUS guidelines state topical analgesics may be considered for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state that any compounded product which contains at least one product which is not approved makes the entire product not recommended. Although capsaicin and methyl Salicylates are supported for use at this time, topical menthol is not established. There was an insufficient discussion of why topical menthol should be prescribed for this patient. Additionally, there is a lack of evidence in the clinical literature demonstrating its benefit. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.