

Case Number:	CM14-0104129		
Date Assigned:	09/16/2014	Date of Injury:	05/27/2013
Decision Date:	11/12/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	07/07/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 36 year old female presenting with chronic pain following a work related injury on 05/27/2013. On 04/30/2014, the claimant reported pain in the lumbar spine. The physical exam showed mild numbness on the right side at S1, bowstring and SLR are equivocal, mild lumbar tenderness, lumbar spine decreased range of motion 10 percent. X-rays of the lumbar spine showed disc space narrowing at L5-S1. MRI of the lumbar spine showed right L5-S1 HNP. The UDS on 04/30/2014 noted that all substances tested were negative. The claimant was diagnosed with musculoligamentous sprain/strain, cervical spine and lumbar spine and HNP right L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Anaprox-DS (Naproxen Sodium) 550mg, 1 tab, twice a day, for inflammation, #90, dispensed by [REDACTED] on 4/30/14.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatories (NSAIDS)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 47.

Decision rationale: Retrospective: Anaprox-DS (Naproxen Sodium) 550mg, 1 tab, twice a day, for inflammation, #90, dispensed by [REDACTED] on 4/30/14 Per California Medical Treatment Utilization Schedule (MTUS) guidelines page 67, non-steroidal anti-inflammatories (NSAIDS) are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time he has been on oral anti-inflammatories. Additionally, a diagnosis of osteoarthritis has not been documented in the medical records. The medication is therefore not medically necessary.

Retrospective: Mentherm Ointment 120ml, #1, dispensed by [REDACTED] on 4/30/14.:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Retrospective: Mentherm Ointment 120ml, #1, dispensed by [REDACTED] on 4/30/14 is not medically necessary. Mentherm is compounded with Menthol and Methyl Salicylate. According to California Medical Treatment Utilization Schedule (MTUS), 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled 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". Per CA MTUS page 111 states that topical analgesics such as Methyl Salicylate, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). Additionally, Per CA MTUS page 111 states that topical analgesics are " recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the compounded mixture is not medically necessary. The request was not specific as to what area the compound cream will be used. Additionally, there is little evidence to utilize topical NSAIDs and Menthol for treatment of pain associated with the spine, hip or shoulder; therefore compounded topical cream is not medically necessary.

Retrospective: Ultram 150mg, (Tramadol), 1 cap, 1 time a day, #60, dispensed by [REDACTED] on 4/30/14.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 83.

Decision rationale: Retrospective: Ultram 150mg, (Tramadol), 1 cap, 1 time a day, #60, dispensed by [REDACTED] on 4/30/14 is not medically necessary. Tramadol is a centrally- acting opioid. Per California Medical Treatment Utilization Schedule (MTUS) page 83, opioids for osteoarthritis is recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDS. Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given Tramadol is a synthetic opioid, it's use in this case is not medically necessary. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid and all other medications.