

Case Number:	CM14-0122374		
Date Assigned:	08/06/2014	Date of Injury:	06/14/2012
Decision Date:	09/11/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/01/2014

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 Physical Medicine & Rehabilitation 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:

This 51 year-old patient sustained an injury on 6/14/12 to the left wrist when it was caught in a rolling door while employed by [REDACTED]. The superficial laceration was sutured with tetanus immunization provided and closed treatment of Colles fracture along with immobilization. Request under consideration include Methoderm gel 120gm and Tramadol 50mg #60. Diagnosis include Neck sprain. Cervical MRI in January 2014 showed C6-7 stenosis secondary to degeneration and C5-6 neural foraminal narrowing. Electrodiagnostic studies of the upper extremity in January 2014 showed slight left C6 radiculopathy. Report from the provider noted patient with chronic neck pain radiating to the left arm. Exam showed unchanged tenderness; positive cervical compression test; and decrease range of motion in all planes. Treatment included medications. Report of 7/25/14 from the provider noted unchanged radiating neck pain to left arm; medication is tolerable and only takes on, as needed basis. Exam showed unchanged positive compression cervical test eliciting C5-6 dermatomal distribution of pain on left with tenderness of paravertebrals; shoulders with normal range and negative impingement testing; negative Neer's/ Hawkins. The Right elbow is with no swelling or surgical or traumatic scars; no localized tenderness with full painless range of motion of 0-150 degrees without instability and negative varus/valgus testing; normal, painless wrist range with negative special testing. Diagnoses included left distal clavicle fracture; left ulnar styloid avulsion fracture resolved; and left C6 radiculopathy from C5-6 discogram. Treatment included continued Methoderm gel and Tramadol 50 mg #60. The request for Methoderm gel 120gm was not medically necessary and Tramadol 50mg #60 was modified to quantity of #30 on 7/23/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm gel 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113, Largely experimental in use with few randomized controlled trials to determine efficacy or safety Page(s): 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2012 without documented functional improvement from treatment already rendered. The Mentoderm gel 120gm is not medically necessary and appropriate.

Tramadol 50mg #60: 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) 74-96, On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (for example; exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated

evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Tramadol 50mg #60 is not medically necessary and appropriate.