MAXIMUS Federal Services

Case Number:	CM14-0124915		
Date Assigned:	08/11/2014	Date of Injury:	03/02/2013
Decision Date:	09/24/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 52 year old male with a work injury dated 3/2/13. The diagnoses include right lower extremities sprain and strain and myofascial pain. Under consideration is a retrospective request for Menthoderm 120 gm Quantity: 1 (DOS not indicated); and retrospective request for Tramadol Extended Release (ER) 150 mg Quantity: 30 (DOS not indicated). There is a utilization review appeal report dated 8/26/14 that states that the patient complains of burning sensation over the lower extremity. The pain extends from the mid lower leg to the right knee and right ankle region. The pain increases with prolonged standing and walking. The patient states the pain wakes him up at night. He also complains of numbness and tingling in the right lower extremity. There is a PR-2 dated 07/11/14, stating that the patient had right leg pain and burning with a rate of 3-4/10, which was helped with medications. The pain increased at night. On examination, the right lower extremity was enlarged and there were varices. The patient was scheduled to have an agreed medical evaluation (AME) on 08/25/14. The treatment plan included acupuncture and LidoPro.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Menthoderm 120 gm Quantity: 1 (DOS not indicated): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical analgesics Page(s): 105, 111-113.

Decision rationale: Menthoderm is a topical analgesic used for the temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness and stiffness. The active ingredients are Methyl Salicylate 15.00% and Menthol 10.00%. The MTUS states that salicylate topicals are significantly better than placebo in chronic pain. Menthol is an ingredient in Ben Gay which is a topical salicylate.The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The documentation does not indicate intolerance to oral medications. As such, the request is not medically necessary.

Retrospective request for Tramadol Extended Release (ER) 150 mg Quantity: 30 (DOS not indicated): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: MTUS opioid guidelines recommend documentation of a current risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and patient as well as ongoing efficacy (measurable subjective and/or functional benefit with prior use) with medication use. The documentation submitted is not clear regarding the patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The documentation is not clear on how long the patient has been taking Tramadol. As such, the request is not medically necessary.