

Case Number:	CM14-0128023		
Date Assigned:	08/15/2014	Date of Injury:	09/12/2012
Decision Date:	12/16/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/11/2014

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 Internal Medicine and is licensed to practice in the District of Columbia and Virginia. 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 is a 48 year old patient who sustained injury on Sep 12 2012. She had limited usage of her right thumb. She underwent a right thumb tenosynovectomy and right carpal tunnel release. She was diagnosed with shoulder hand syndrome of the right arm with impingement and biceps tendinitis. She was noted to have limited thumb range on motion and hand and thumb strength. She had occupational therapy for 12 sessions. She was prescribed Mentherm ointment, Omeprazole, Voltaren, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm Ointment 120gm: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 105. Decision based on Non-MTUS Citation Central mechanisms of Menthol-induced Analgesia

Decision rationale: Topical analgesia has been shown as a way to decrease usage of controlled, habit-forming substances. There can also be utilized as bridge therapy while the patient is working with physical therapy, to avoid an invasive surgical procedure. The MTUS suggests that

topical salicylates are better than placebo. Currently, many trials are being performed to demonstrate efficacy. There have been some studies to suggest the menthol provides a mechanism to decrease neuronal action and leads to further to central analgesia and comfort for the patient. The request is considered medically necessary.

Tramadol ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 83-84.

Decision rationale: Per MTUS, Short-term use: Recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. It is also recommended for a trial if there is evidence of contraindications for use of first-line medications. Weak opioids should be considered at initiation of treatment with this class of drugs (such as Tramadol, Tramadol/acetaminophen, hydrocodone and codeine), and stronger opioids are only recommended for treatment of severe pain under exceptional circumstances (Oxymorphone, Oxycodone, Hydromorphone, Fentanyl, Morphine Sulfate). Benefits of opioids are limited by frequent side effects (including nausea, constipation, dizziness, somnolence and vomiting). (Stitik, 2006) (Avouac, 2007) (Zhang, 2008). Tramadol: A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. (Cepeda, 2006) Similar findings were found in an evaluation of a formulation that combines immediate-release vs. extended release Tramadol. Adverse effects included nausea, constipation, dizziness/vertigo and somnolence. (Burch, 2007). Per guidelines, the patient did not have an indication for this medication and was taking an NSAID for symptom management. The clinical documentation provided does not support Tramadol as an intervention at this time. The request is not considered medically necessary.