

Case Number:	CM14-0138554		
Date Assigned:	09/05/2014	Date of Injury:	11/06/2010
Decision Date:	10/09/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/27/2014

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 Occupational 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 applicant is a represented [REDACTED] driver who has filed a claim for chronic low back and leg pain reportedly associated with an industrial injury of November 6, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of chiropractic manipulative therapy; unspecified amounts of acupuncture; earlier knee arthroscopy in 2011; and extensive periods of time off of work. In a Utilization Review Report dated August 22, 2014, the claims administrator denied a request for Methoderm gel, denied a request for tramadol, approved a request for Relafen, and denied a request for omeprazole. The applicant's attorney subsequently appealed. In an August 4, 2014 questionnaire, the applicant stated that he was using omeprazole, tramadol, and ketoprofen but denied any issues with stomach pain. The applicant reported 6/10 pain. The applicant acknowledged that he was not working. In a clinical progress note of the same date, August 4, 2014, the applicant acknowledged that he had not worked since November 2010. The applicant did have a variety of issues with comorbid diabetes, it was stated, which had reportedly worsened following recent epidural steroid injection therapy. Acupuncture and manipulative therapy were sought. It was stated that the applicant was using Prilosec to reduce GI upset. The applicant stated that ongoing medication usage was diminishing his pain complaints. The applicant's medication list reportedly included ketoprofen, tramadol, Prilosec, and LidoPro, it was stated. Permanent work restrictions were renewed. There was no explicit mention of Methoderm on this note. In an earlier note dated July 29, 2014, the applicant was described as using tramadol, Relafen, Prilosec, and LidoPro. The applicant was then given refills of Methoderm, omeprazole, and nabumetone. It was not stated whether Methoderm was a first-time request or a renewal request. It was noted that the applicant's diabetes was very poorly controlled, with a hemoglobin A1c of 9.1. The applicant was described as having ongoing

complaints of pain as high as 6/10. The applicant was having difficulty with lifting, standing, walking, and further stated that he was unable to stand or walk for more than 20 minutes. In an applicant questionnaire dated May 7, 2014, the applicant stated that the pain medications had "no benefit." In a June 10, 2014 questionnaire, the applicant was described as using ketoprofen, Prilosec, and LidoPro lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm gel 4oz #1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals topic. Page(s): 105.

Decision rationale: As noted on page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, salicylate topicals such as Mentoderm are recommended in the treatment of chronic pain, as is present here. In this case, it appears that Mentoderm was introduced for the first time on the date at issue, July 29, 2014. A first-time request for Mentoderm was indicated, given the failure of numerous other oral and topical medications. Therefore, the request for Mentoderm Gel 4 ounces #1 was medically necessary.

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the information on file suggests that the applicant has failed to derive any lasting benefit through ongoing usage of tramadol. In an applicant questionnaire of May 7, 2014, the applicant has self-acknowledged that ongoing usage of tramadol had generated no benefit. Similarly, the attending provider's progress notes also suggested that the applicant was having difficulty performing activities of daily living as basic as heavy lifting, walking, and standing, as was suggested on a July 29, 2014 progress note. The attending provider failed to quantify any tangible or material decrements in pain achieved as a result of ongoing tramadol usage. All of the above, taken together, did not make a compelling case for continuation of the same. Therefore, the request for Tramadol 50mg #60 is not medically necessary.

