

Case Number:	CM14-0062993		
Date Assigned:	07/11/2014	Date of Injury:	03/23/2010
Decision Date:	08/21/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/05/2014

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:

The injured worker is a 44-year-old male who reported an injury on 03/23/2010 due to lifting a lawnmower into the back of a truck. Diagnoses for the injured worker were thoracic degenerative disc syndrome, myofascial pain, abnormal weight gain, hypertension and insomnia. Past treatments for the injured worker were acupuncture sessions, the use of a TENS unit on a regular basis and home exercising. Diagnostics and surgical history were not submitted for review. The injured worker complained of pain in the mid back and below the shoulder blades. Medications for the injured worker were Tramadol 50 mg and Cyclobenzaprine 7.5 mg. The injured worker used a TENS unit on a regular basis at home and does participate in a home exercise program. The injured worker stated that he has only been taking a 1/2 tablet of Cyclobenzaprine 7.5 mg at bedtime, stating that it was too strong and caused more drowsiness. The injured worker did state that the Tramadol helped to control pain. The treatment plan for the injured worker was to continue with self-care and the TENS unit. The injured worker was to have ultrasound therapy at that office visit. Methoderm 120 gm was prescribed. The rationale was not provided. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for thoracic spine QTY 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture for the thoracic spine (Quantity: 6.00) is not medically necessary. The California Medical Treatment Utilization Schedule states that the frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed with a time to produce functional improvement of 3 to 6 visits. The frequency for the visits should be 1 to 3 times per week, with an optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. It was reported in the documents submitted that the injured worker has already had previous acupuncture sessions with no reports submitted for review to support the efficacy of those past treatments or the number of session attended. Due to the lack of documentation of functional improvement and the number of prior sessions, the request is not medically necessary

Menthoderm 120 gram: Upheld

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

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

Decision rationale: The request for Mentoderm 120 gm is not medically necessary. CA MTUS Guidelines state topical analgesic and largely experimental in use, with few randomized, controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 product (or drug class) that is not recommended is not recommended. Mentoderm contains a salicylate topical, which is recommended as an option. This topical analgesic also contains menthol. Menthol has some local anesthetic and counterirritant properties and also acts as a weak kappa opioid receptor agonist, making it an analgesic as well. It also enhances the efficacy of other topical applications by increasing penetration by via vasodilation. The medical guidelines do not support the use of compounded topical analgesics. The request does not indicate a frequency for the medication. The efficacy of the medication was not provided to support continued use. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines -Treatment in Workers Compensation: Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The request for Cyclobenzaprine 7.5 mg (Quantity: 60.00) is not medically necessary. The California Medical Treatment Utilization Schedule states that Cyclobenzaprine is recommended as an option, using a short course of therapy and treatment should be brief. The clinical information submitted failed to provide the efficacy of the medication to support continuation and indicated the injured worker was having side effects from taking the Cyclobenzaprine. Therefore, continuation is not supported. Also, the request as submitted failed to provide the frequency of the medication. As such, the request is not medically necessary.

Tramadol 50 mg Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Outcomes Measures, Central Acting Analgesics Page(s): 81,75.

Decision rationale: The request for Tramadol 50 mg (Quantity: 90.00) is not medically necessary. CA MTUS guidelines state measures of pain assessment that allow for evaluation of the efficacy of this medication and whether it should be maintained should have the following documented to include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. Tramadol is considered a central-acting analgesic, which is in a small class of synthetic opioids that are reported to be effective in managing neuropathic pain. The request submitted for review does not indicate the frequency for the medication. There were no VAS scores of pain reported in the documents submitted. Although the injured worker stated he had pain relief and functional improvement with the medication, there were no VAS score of pain provided and objective functional improvement to support continued use. Therefore, the request is not medically necessary.