

Case Number:	CM14-0065565		
Date Assigned:	07/11/2014	Date of Injury:	11/30/2012
Decision Date:	08/27/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/08/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 41-year-old male was reportedly injured on November 30, 2012. The injury resulted in a left tibial plateau fracture. The most recent progress note, dated January 6, 2014, was a follow-up for the injured employee's left knee injury. It was stated that the left knee edema has resolved and the injured employee was walking without pain. Current medications include cephalexin. The physical examination demonstrated no tenderness, erythema, or edema to the left lower extremity. There was full active range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included an open reduction and internal fixation of a left tibial plateau fracture and treatment for a subsequent infection. A request had been made for tramadol ER and Dendracin lotion and was not certified in the pre-authorization process on May 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Tramadol ER by mouth at bedtime #30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Opioids for chronic pain, National Guideline Clearinghouse: Assessment and management of chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines :9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 82, 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support the use of tramadol for short-term use of moderate to severe pain. As the injured employee has sustained a left ankle tibial plateau fracture with subsequent infraction, previous treatment with tramadol would be determined to be medically necessary at that time due to the injured employee's pain level during the recovery. According to the attached medical record, the injured employee was no longer prescribed tramadol. For these reasons, this request for Tramadol ER is medically necessary.

Retrospective review of Dendracin Lotion, apply topically (twice daily as needed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation National Guideline Clearinghouse: Assessment and management of chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: Dendracin is a compound of methyl salicylate, menthol, and capsaicin. According to the Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, or capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason, this request for Dendracin lotion is not medically necessary.