

Case Number:	CM14-0092150		
Date Assigned:	09/25/2014	Date of Injury:	08/18/2003
Decision Date:	12/26/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/18/2014

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 Interventional Spine 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 patient is a 50 year old female with the injury date of 08/18/2003. The patient presents pain in her neck, right shoulder, lower back and wrists bilaterally. Her symptoms are stable. The patient presents limited range of motion. Her cervical extension is 35 degrees, her right shoulder abduction is 160 degrees and lumbar extension is 80 degrees. There is tenderness over the volar aspects of wrists bilaterally with decreased grip strength, and over right shoulder anteriorly and laterally with no laxity, and over paraspinal muscles. Per 05/13/2014 progress report, the patient is taking Ultram, Banalg topical analgesics and Omeprazole. Diagnoses on 05/13/2014) Chronic neck and lower back pain2) Chronic bilaterally wrist pain3) Chronic right shoulder painThe utilization review determination being challenged is dated on 05/20/2014. Treatment reports were provided from 01/14/2014 to 11/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88 and 89, 78.

Decision rationale: The patient presents with pain in multiple areas, including her neck, right shoulder, lower back and wrists. The request is for Ultram 50mg, #60 with 2 refills. The patient appears to start utilizing Ultram between 11/04/2014 and 1/14/2014. MTUS guidelines page 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs (activities of daily living), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The review of the reports does not show discussion specific to this medication, except "Ultram 1 table 2 times a day as needed. for pain." There are no discussions regarding all 4A's; No Cures or UDS reports, for example. MTUS also required the use of a validated instrument to describe functional improvement at least once every 6 months which is not provided. "Pain assessment" issues are not provided as required. The request is not medically necessary.

Banalg topical analgesic or equivalent with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams (chronic pain section); Salicylate topical section; Medication for chronic pain P.

Decision rationale: The patient presents with pain in multiple areas, including her neck, right shoulder, lower back and wrists. The request is for Banalg topical analgesic or equivalent with 2 refills. The patient appears to start utilizing Banalg topical analgesic (methyl salicylate topical) between 11/04/2014 and 1/14/2014. Regarding topical analgesics, MTUS states they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate is recommended under MTUS "Salicylate topical" section, page 105 in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. Per MTUS, the specific indications for topical NSAIDs are peripheral joint arthritis/tendinitis problems. This patient does present with joint pain in wrists bilaterally but the treater does not document that this topical is helping this patient in terms of pain and function. MTUS page 60 requires documentation of pain and function when medications are used for chronic pain. The request is not medically necessary.