

Case Number:	CM14-0205920		
Date Assigned:	12/18/2014	Date of Injury:	06/09/2011
Decision Date:	02/06/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/09/2014

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, 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 60 year-old male with a 6/09/2011 date of injury. According to the 10/10/2014 pain management report, he presents with 8/10 left shoulder pain and was diagnosed as status post left shoulder surgery on 8/15/2013. Pain with medications is reported at 7-8/10 and topical creams reportedly decrease pain, improve sleep and help the patient complete chores.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89; 76-78.

Decision rationale: The request is for Tramadol 50mg #90. The latest available reports show the patient has been using tramadol since at least 4/24/14. The April 2014 report states the pain is 7-8/10 without medications and with medications the pain drops to 4/10. The more current reporting from 8/21/14 states the pain in the left shoulder is constant 8/10 and pain without medications is 7-8/10. There is no discussion of continued efficacy of Tramadol. Tramadol is a

synthetic opioid, and MTUS discusses this under the opioid sections of the guidelines. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 CRITERIA FOR USE OF OPIOIDS for Long-term Users of Opioids (6-months or more) 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 states a "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life" The 8/21/14 report does not provide details on improvement in function or decrease in pain or improvement in quality of life with use of tramadol. Twenty two (22)-medical reports are available for review from 1/31/14 through 8/21/14. There is no current discussion of efficacy of tramadol. The MTUS criteria for continued use of opioids has not been met. The request for Tramadol 50mg #90 IS NOT medically necessary.

Menthoderm gel 120gm: Upheld

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 Pain Outcomes and Endpoints Page(s): 105.

Decision rationale: The request is for Mentoderm gel 120gm. The most recent reports available show the patient has been using mentoderm gel since at least 4/24/14. The April 2014 report states the pain is 7-8/10 without medications and with medications the pain drops to 4/10. The more current reporting from 8/21/14 states the pain in the left shoulder is constant 8/10 and pain without medications is 7-8/10. There is no discussion of continued efficacy of mentoderm gel. Mentoderm gel is methyl salicylate 15% and menthol 10%. MTUS, pg 105 for Salicylate topicals states these are recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also topical analgesics; & Topical analgesics, compounded. MTUS Chronic Pain Medical Treatment Guidelines, page 9 under Pain Outcomes and Endpoints states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." MTUS guidelines allow for use of salicylate topicals such as Mentoderm gel for chronic pain. However, MTUS does not recommend continuing with treatment if there is no functional improvement. There is no functional improvement documented with use of the Methoderm gel.

Calypso cream 113gm: 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 Analgesics Page(s): 111-113.

Decision rationale: The request is for Calypso cream 113gm. The most recent reports available show the patient has initially been given Calypso cream on 8/21/14. There is no discussion of

what this topical analgesic is composed of. MTUS chronic pain medical treatment guidelines, pages 111-113, for "Topical Analgesics" states: Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The patient's diagnosis is listed as status post shoulder surgery. There is no mention of neuropathic pain and no documentation of trials of antidepressants and anticonvulsants. The MTUS criteria for use of topical analgesics has not been met. The request for Calypso cream 113gm IS NOT medically necessary.

Percocet 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89; 76-78.

Decision rationale: The request is for Percocet 10/325mg #90. The latest available reports show the patient has been using Percocet since at least 4/24/14. The April 2014 report states the pain is 7-8/10 without medications and with medications the pain drops to 4/10. The more current reporting from 8/21/14 states the pain in the left shoulder is constant 8/10 and pain without medications is 7-8/10. There is no discussion of continued efficacy of Percocet MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 CRITERIA FOR USE OF OPIOIDS for Long-term Users of Opioids (6-months or more) 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 states a "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life" The 8/21/14 report does not provide details on improvement in function or decrease in pain or improvement in quality of life with use of tramadol. Twenty two (22)-medical reports are available for review from 1/31/14 through 8/21/14. There is no current discussion of efficacy of Percocet. The MTUS criteria for continued use of opioids has not been met. The request for Percocet 10/325mg #90, IS NOT medically necessary.