

Case Number:	CM14-0208577		
Date Assigned:	12/22/2014	Date of Injury:	08/12/2014
Decision Date:	02/10/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/12/2014

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 Rehab 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:

This 32 year-old patient sustained an injury on 8/12/14 to the head and cervical spine while employed by [REDACTED]. The patient noted while pulling on a sheet, she fell backwards into a wall. Request(s) under consideration include Mentherm ointment 120 ml and Tramadol ER 150 mg #60. Diagnoses include cervical strain; head injury. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing symptoms to the neck, upper back, right shoulder rated at 10/10 associated with headaches, nausea, and trouble concentrating. Exam showed unchanged findings of tenderness and spasm of the cervical spine with limited range by 20%; decreased diffuse right upper extremity sensation at C5, C6, C7, C8, and T1; negative SLR, intact normal heel and toe walk, negative and equivocal Spurling's, with intact motor strength of 5/5 and intact DTRs in bilateral upper and lower extremities. X-rays of the cervical and thoracic spine and right shoulder were noted to be normal. Orthopedic evaluation had noted "Even though her neurologic examination suggests diffuse numbness in the entire right arm, giving her the benefit of the doubt, I would recommend an MRI of the cervical spine to better delineate her pathology." Treatment plan included continuing with medications. The patient remained TTD status. The request(s) for Mentherm ointment 120 ml and Tramadol ER 150 mg #60 were non-certified on 12/5/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm ointment 120 ml: 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): 111-113.

Decision rationale: This 32 year-old patient sustained an injury on 8/12/14 to the head and cervical spine while employed by [REDACTED]. The patient noted while pulling on a sheet, she fell backwards into a wall. Request(s) under consideration include Methoderm ointment 120 ml and Tramadol ER 150 mg #60. Diagnoses include cervical strain; head injury. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing symptoms to the neck, upper back, right shoulder rated at 10/10 associated with headaches, nausea, and trouble concentrating. Exam showed unchanged findings of tenderness and spasm of the cervical spine with limited range by 20%; decreased diffuse right upper extremity sensation at C5, C6, C7, C8, and T1; negative SLR, intact normal heel and toe walk, negative and equivocal Spurling's, with intact motor strength of 5/5 and intact DTRs in bilateral upper and lower extremities. X-rays of the cervical and thoracic spine and right shoulder were noted to be normal. Orthopedic evaluation had noted "Even though her neurologic examination suggests diffuse numbness in the entire right arm, giving her the benefit of the doubt, I would recommend an MRI of the cervical spine to better delineate her pathology." Treatment plan included continuing with medications. The patient remained TTD status. The request(s) for Methoderm ointment 120 ml and Tramadol ER 150 mg #60 were non-certified on 12/5/14. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this injury without documented functional improvement from treatment already rendered. The Methoderm ointment 120 ml is not medically necessary and appropriate.

Tramadol ER 150 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This 32 year-old patient sustained an injury on 8/12/14 to the head and cervical spine while employed by [REDACTED]. The patient noted while pulling on a sheet, she fell backwards into a wall. Request(s) under consideration include Methoderm ointment 120 ml and Tramadol ER 150 mg #60. Diagnoses include cervical strain; head injury. Conservative care has included medications, therapy, and modified activities/rest. The patient

continues to treat for chronic ongoing symptoms to the neck, upper back, right shoulder rated at 10/10 associated with headaches, nausea, and trouble concentrating. Exam showed unchanged findings of tenderness and spasm of the cervical spine with limited range by 20%; decreased diffuse right upper extremity sensation at C5, C6, C7, C8, and T1; negative SLR, intact normal heel and toe walk, negative and equivocal Spurling's, with intact motor strength of 5/5 and intact DTRs in bilateral upper and lower extremities. X-rays of the cervical and thoracic spine and right shoulder were noted to be normal. Orthopedic evaluation had noted "Even though her neurologic examination suggests diffuse numbness in the entire right arm, giving her the benefit of the doubt, I would recommend an MRI of the cervical spine to better delineate her pathology." Treatment plan included continuing with medications. The patient remained TTD status. The request(s) for Mentherm ointment 120 ml and Tramadol ER 150 mg #60 were non-certified on 12/5/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this injury without acute flare, new injury, or progressive deterioration. The Tramadol ER 150 mg #60 is not medically necessary and appropriate.