

Case Number:	CM14-0209339		
Date Assigned:	12/22/2014	Date of Injury:	08/12/2014
Decision Date:	02/12/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/15/2014

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 Internal Medicine 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 (IW) is a 32-year-old woman with a date of injury of August 12, 2014. The mechanism of injury occurred when the IW was in the process of turning a patient that weighed 500 pounds. The pulled on a sheet that gave way and she fell backward hitting her head on the wall. She had a head CT that was normal. She started physical therapy to the neck. The injured worker's working diagnoses are head injury; cervical strain; and rule out cervical disc herniation with radiculopathy. Pursuant to the Initial Orthopedic Spine Surgery Evaluation dated November 10, 2014, the IW complains of pain in the neck, upper back, and right shoulder. She rates her pain 10/10. The IW reports headache, nausea, and trouble concentrating. She reports her whole right side becomes numb with prolonged standing. There is an entry in the 11/10/14 progress report regarding pain medications. The IW is taking "pain medications" according to the documentation. However, the treating physician does not document what pain medications the IW is taking and for how long she has been taking them. There are not pain assessments or evidence of objective functional improvement associated with the ongoing use of pain medications. Examination of the neck, a back and extremities reveals normal reflexes and bilateral sensory examination. Motor strength is 5/5 from C5-S1. All special tests are negative. She has 20% loss of range of motion of the cervical spine, with posterior cervical tenderness and spasms. X-rays of the cervical spine, thoracic spine, and right shoulder were all normal. The current request is for Mentherm ointment 120ml, and Tramadol ER 150mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Ointment 120ml: 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: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Mentoderm ointment 120 ML's is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Mentoderm contains methyl salicylate and menthol. In this case, the injured worker's working diagnoses are head injury; cervical strain; and rule out cervical disc herniation with radiculopathy pursuant to a November 10, 2014 progress note. The documentation does not contain a clinical indication or rationale for the topical ointment. Additionally, methyl salicylate is not FDA approved. Menthol is not recommended. Any compounded product that contains at least one drug (methyl salicylate non-FDA approved, menthol) that is not recommended is not recommended. Consequently, absent clinical documentation to support the anatomical location for application of Mentoderm and the guideline non-recommendation, Mentoderm ointment 120 ML's is not medically necessary.

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates. Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol ER 150 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses her head injury; cervical strain; and rule out cervical distribution with radiculopathy. A progress note dated November 20, 2014 contains an entry regarding medications. The injured worker is taking "pain medications". However, the treating physician is not document what pain medications the injured workers taking and for how long the pain medicines have been prescribed. Documentation of prior opiate prescriptions need to be documented in conjunction with evidence of objective functional improvement when alterations in analgesics are made. The treating physician ordered the tramadol ER 150 mg without any additional documentation.

Consequently, absent clinical documentation of prior opiate use and a list of current medications (including narcotics) and evidence of objective functional improvement with these medications, tramadol ER 150 mg #60 is not medically necessary.