

Case Number:	CM14-0040013		
Date Assigned:	11/19/2014	Date of Injury:	10/28/2008
Decision Date:	01/07/2015	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/04/2014

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 Family Medicine and is licensed to practice in New Jersey and New York. 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 is a 44 year-old female who reported an injury on 10/28/08 due to repetitive use of upper extremities while answering phone calls and performing data entry. The patient complained of pinching, burning pain in her right shoulder and pain in her neck and left shoulder. She denied numbness or tingling. She had swelling and locking sensations in her neck. She had occasional headaches. She had a cortisone injection in her right shoulder with some short-lived pain relief. The patient had x-rays of her right shoulder and thoracic spine. An MRI of the cervical spine showed C5-C6 disc protrusion, degenerative disc at C4-C5. She was diagnosed with cervical sprain/strain with chronic neck pain and radiculopathy, cervical spondylosis, and cervical disc displacement. The patient had an anterior cervical discectomy with C4-C6 fusion on 8/9/12 with subsequent exploration of fusion and removal of anterior plate on 3/20/14. She had several courses of physical therapy, trigger point injections, and epidural steroid injections. Ibuprofen helped with the headache and she used this as needed. Her other medications have included Orphenadrine, Omeprazole, Dendracin, and Naproxen, Lyrica, Temazepam, Neurontin, Norco, and Zanaflex. The current request is for Tramadol, Protonix, and Methoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Tramadol is not medical necessary. There was documentation that patient used Ibuprofen with some relief of pain. She was also on naproxen, gabapentin, muscle relaxants, and other medications without documentation of the patient's response to these medications. It cannot be said that she "failed" medication therapy and needed to try tramadol. The patient was also documented to have been on Norco but there is record of her response to it and any urine drug screens that corroborated her use. There is no documentation all of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There was no drug contract. Because of these reasons, the request for Tramadol is not medically necessary.

Protonix 20mg One tab twice a day #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, PPI's

Decision rationale: The request for Protonix is not medically necessary. The patient has been on Naproxen with intermittent use of Ibuprofen. There was no documentation of GI symptoms, GI risk factors, or history of GI disease. But the patient was documented to have been on Omeprazole and it was not stated that omeprazole was ineffective. There was no rationale on why Protonix was prescribed. Long term PPI use carries many risks and should be avoided. Therefore, this request is not medically necessary.

Menthoderm Gel applied topically to affected area 3 x daily as needed 120 mg bottle:
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, salicylate topicals Page(s): 111-114, 104.

Decision rationale: The request for menthoderm is not medically necessary. According to MTUS guidelines, any compounded product that contains at least one drug that is not recommended is not recommended. Methyl salicylate may be useful for chronic pain. However, there are no guidelines for the use of menthol with the patient's neck and shoulder pain. Topical analgesics are often used for neuropathic pain, which the patient does not appear to have. The

patient is also on many oral medications without documentation of ineffective relief of pain. Topical analgesics are often used when oral medications cannot be tolerated. There was no documentation of failure of conservative treatment with oral medications. The request is considered not medically necessary.