

Case Number:	CM15-0103899		
Date Assigned:	06/08/2015	Date of Injury:	04/21/1998
Decision Date:	07/08/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old female, who sustained an industrial injury on April 21, 1998. She reported low back pain, left shoulder pain, bilateral wrist pain and knee pain. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy, bilateral carpal tunnel syndrome, status post bilateral carpal tunnel release and bilateral wrist arthroscopy. Treatment to date has included diagnostic studies, radiographic imaging, conservative care, surgical interventions of bilateral wrists, medications and work restrictions. Currently, the injured worker complains of low back pain with bilateral lower extremity weakness, pain, tingling and numbness, left shoulder pain and bilateral upper extremity pain with associated tingling and numbness. The injured worker reported an industrial injury in 1998, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 15, 2015, revealed continued pain as noted with associated symptoms. It was noted she reported difficulty walking and maintaining balance secondary to knee pain and lower extremity radicular symptoms. She reported feeling "miserable" most days secondary to pain. The physician noted she was in no acute distress and walked with a normal gait pattern without the use of assistive devices. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol extended release 150mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 115, Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86.

Decision rationale: The claimant has a remote history of a work injury occurring in April 1998 and continues to be treated for left shoulder and bilateral upper extremity pain and radiating low back pain. When seen, she was having increasing radiating left shoulder pain. She was having difficulty walking. Pain was rated at 6-8/10. Physical examination findings included decreased cervical and lumbar spine range of motion. There was slight left knee swelling with crepitus. There was decreased grip strength. Medications being prescribed included extended release Tramadol and Norco. Prior assessments referenced Norco as providing 30% pain relief. Tramadol ER is a sustained release opioid used for baseline pain. In this case, it was being prescribed as part of the claimant's ongoing management. Although there were no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there was no documentation that this medication was providing decreased pain, increased level of function, or improved quality of life. Therefore, continued prescribing cannot be considered as being medically necessary.

Methoderm 15% ml quantity 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p 60 (2) Topical Analgesics, p 111-113 Page(s): 60, 111-113.

Decision rationale: The claimant has a remote history of a work injury occurring in April 1998 and continues to be treated for left shoulder and bilateral upper extremity pain and radiating low back pain. When seen, she was having increasing radiating left shoulder pain. She was having difficulty walking. Pain was rated at 6-8/10. Physical examination findings included decreased cervical and lumbar spine range of motion. There was slight left knee swelling with crepitus. There was decreased grip strength. Medications being prescribed included extended release Tramadol and Norco. Prior assessments referenced Norco as providing 30% pain relief. Methoderm gel is a combination of methyl salicylate and menthol. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. In this case, the claimant has chronic pain and has only responded partially to other conservative treatments. She has localized peripheral pain affecting the knee and shoulder that could be amenable to topical treatment. Therefore, Methoderm is medically necessary.