

Case Number:	CM15-0134257		
Date Assigned:	07/22/2015	Date of Injury:	12/29/2009
Decision Date:	08/18/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/10/2015

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 58-year-old male who sustained an industrial injury on 12/29/2009 resulting in radiating back and neck pain. He was diagnosed with severe narrowing of C6-7 disc space with osteophyte formation, and mild instability of L4-5 due to anterolisthesis of L4 on L5. Documented treatment has included physical therapy and pain medication with some pain relief noted. The injured worker continues to present with cervical and lumbar back pain including diminished range of motion at the neck. The treating physician's plan of care includes Methderm cream, Omeprazole, and Tramadol. Current work status is not provided in documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthderm cream 120 gm per month, apply 3 times daily: 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 (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work injury in November 2006 and continues to be treated for shoulder pain. Medications have included Vimovo and Duexis although there is no apparent diagnosis of gastroesophageal reflux disease or dyspepsia due to medications. When seen, he was having slightly worsening pain. There was decreased cervical spine and shoulder range of motion. Medications were prescribed. These included Naprosyn and tramadol. Tramadol was prescribed at a total (MED) of 30 mg per day. 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. Additionally, methyl salicylate metabolizes into salicylates, including salicylic acid, a non-steroidal anti-inflammatory medication. In this case, the claimant has chronic pain and has only responded partially to other conservative treatments. However, guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing multiple new medications, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit was due to a particular medication. In this case, Naprosyn and tramadol were also prescribed at the same time. Therefore, Methoderm was not medically necessary.

Omeprazole 20 mg Qty 60 per month, twice daily: 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 NSAIDs, specific drug list & adverse effects, p68-71.

Decision rationale: The claimant sustained a work injury in November 2006 and continues to be treated for shoulder pain. Medications have included Vimovo and Duexis although there is no apparent diagnosis of gastroesophageal reflux disease or dyspepsia due to medications. When seen, he was having slightly worsening pain. There was decreased cervical spine and shoulder range of motion. Medications were prescribed. These included Naprosyn and tramadol. Tramadol was prescribed at a total (MED) of 30 mg per day. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to prior non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as omeprazole was not medically necessary.

Tramadol 50 mg Qty 90, 3 times daily: Overturned

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 (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work injury in November 2006 and continues to be treated for shoulder pain. Medications have included Vimovo and Duexis although there is no apparent diagnosis of gastroesophageal reflux disease or dyspepsia due to medications. When seen, he was having slightly worsening pain. There was decreased cervical spine and shoulder range of motion. Medications were prescribed. These included Naprosyn and tramadol. Tramadol was prescribed at a total (MED) of 30 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having ongoing and worsening pain. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. Prescribing was medically necessary.