

Case Number:	CM15-0161640		
Date Assigned:	08/27/2015	Date of Injury:	08/04/2013
Decision Date:	09/30/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/17/2015

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 52 year old male who sustained an industrial injury on 8-4-13. He had complaints of low back pain. Treatments include: meditation, physical therapy and surgery. Progress report dated 7-15-15 reports continued complaints of constant low back pain that radiates down bilateral legs with numbness, the left greater than the right. The pain is rated 7 out of 10. Diagnoses include: lumbar spinal strain, left lumbar radiculopathy likely disc herniation. Plan of care includes: continue home exercise program, spine surgery follow up requested new MRI and injections, follow up with pain management, prescription given for menthoderm gel 120 gm for pain and inflammation and Ultracet 37.5-325 mg, #60. Follow up in 4-6 weeks. Work status: remain off work for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids, Criteria for use of opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, (2) Opioids, criteria for use, (3) Opioids, dosing Page(s): 8, 76-80, 86.

Decision rationale: The claimant sustained a work injury in August 2013 and continues to be treated for radiating low back pain. His past medical history includes poorly controlled diabetes and gastritis. In May 2015 upper and lower endoscopy was being planned by his primary care provider. Mentherm was being prescribed. When seen, he was having constant pain rated at 7/10. Physical examination findings included lumbar spine tenderness with muscle spasms. There was decreased range of motion and positive straight leg raising bilaterally. Mentherm was refilled and Ultracet was prescribed. Ultracet (tramadol/acetaminophen) is a short acting combination opioid medication often used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having ongoing constant moderate to severe 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.

Mentherm gel 120g #1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation www.drugs.com/cdi/mentherm-cream.html.

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

Decision rationale: The claimant sustained a work injury in August 2013 and continues to be treated for radiating low back pain. His past medical history includes poorly controlled diabetes and gastritis. In May 2015 upper and lower endoscopy was being planned by his primary care provider. Mentherm was being prescribed. When seen, he was having constant pain rated at 7/10. Physical examination findings included lumbar spine tenderness with muscle spasms. There was decreased range of motion and positive straight leg raising bilaterally. Mentherm was refilled and Ultracet was prescribed. Mentherm 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 a history of gastritis and has only responded partially to other conservative treatments. He has low back pain amenable to topical treatment. Generic medication is available. Mentherm was medically necessary.