

Case Number:	CM15-0163097		
Date Assigned:	08/31/2015	Date of Injury:	11/15/2011
Decision Date:	10/19/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/19/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old male who sustained an industrial injury on 11-15-2011. According to a progress report dated 08-08-2015, the injured worker had finished chiropractic therapy with some improvement but was still quite symptomatic. He completed hand therapy which was beneficial. He currently reported pain in the bilateral wrists, greater on the right. Pain was associated with weakness in the arm and pain and needles sensation, mostly on the right. Pain was occasional in frequency and mild to moderate in intensity. Pain was rated 2 on a scale of 0-10. At its best, pain was rated 2 and at its worst was rated 7. Methoderm and pain medications helped. However, Gabapentin caused drowsiness. Because of pain, the injured worker avoided going to work. Intermittent heartburn and nausea were relieved by taking Omeprazole. Diagnoses included carpal tunnel syndrome, rotator cuff sprain, injury to triangular fibrocartilage of wrist joint and tendinitis of extensor carpi ulnaris. MRI of the right wrist revealed a chronic tear of extensor carpi ulnaris tendon. The injured worker deferred any invasive treatment options. The treatment plan included an ortho hand consultation. The injured worker was not able to follow up in a month so two sets of medications were being prescribed and dispensed. Tramadol ER 150 mg #60 once daily was prescribed and dispensed. Tramadol produced symptom relief and improved function for a time period of up to three months. Nabumetone and Omeprazole were prescribed and dispensed. Methoderm lotion was prescribed and dispensed. The injured worker was temporarily partially disabled, no work restrictions. Currently under review is the request for retro Tramadol ER 150 mg #60 and retro Methoderm topical analgesic lotion 120 grams x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Tramadol ER 150 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 08/08/15 progress report provided by treating physician, the patient presents with bilateral wrist pain rated 2-7/10. The request is for RETRO TRAMADOL ER 150 MG #60. Patient's diagnosis per Request for Authorization form dated 08/13/15 includes carpal tunnel syndrome. Diagnosis on 08/08/15 includes injury to triangular fibrocartilage of wrist joint, tendinitis of extensor carpi ulnaris, and rotator cuff (capsule) sprain. Physical examination on 08/08/15 revealed tenderness to palpation over the ulnar side of wrist, greater on the right. Hypersupination and loading the wrist in a position of ulnar deviation trigger painful sensation in the wrist on the right. Treatment to date has included hand therapy, chiropractic, imaging and electrodiagnostic studies, and medications. Patient's medications include Tramadol, Omeprazole, Nabumetone and Menthoderm gel. Per work status report dated 05/19/15, the patient may return to work on modified duty. MTUS, criteria for use of opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Tramadol has been included in patient's medications, per progress reports dated 02/02/15, 05/19/15, 08/08/15. It is not known when this medication was initiated. Per 08/08/15 report, treater states "Menthoderm and pain medications help." In this case, treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." UDS report dated 08/18/15 was negative for Tramadol, demonstrating inconsistent result. There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. No opioid pain agreement or CURES reports. No return to work, or

change in work status, either. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines and inconsistent UDS, this request IS NOT medically necessary.

Retro Methoderm Topical Analgesic Lotion 120 Gram x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Based on the 08/08/15 progress report provided by treating physician, the patient presents with bilateral wrist pain rated 2-7/10. The request is for RETRO MENTHODERM TOPICAL ANALGESIC LOTION 120 GRAM X 2. Patient's diagnosis per Request for Authorization form dated 08/13/15 includes carpal tunnel syndrome. Diagnosis on 08/08/15 includes injury to triangular fibrocartilage of wrist joint, tendinitis of extensor carpi ulnaris, and rotator cuff (capsule) sprain. Physical examination on 08/08/15 revealed tenderness to palpation over the ulnar side of wrist, greater on the right. Hypersupination and loading the wrist in a position of ulnar deviation trigger painful sensation in the wrist on the right. Treatment to date has included hand therapy, chiropractic, imaging and electrodiagnostic studies, and medications. Patient's medications include Tramadol, Omeprazole, Nabumetone and Methoderm gel. Per work status report dated 05/19/15, the patient may return to work on modified duty. Methoderm gel contains Methyl salicylate and Menthol. MTUS, Topical Analgesics Section, page 111, in regards to topical NSAIDs states: "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Methoderm gel has been included in patient's medications, per progress reports dated 02/02/15, 05/19/15, 08/08/15. It is not known when this medication was initiated. The patient presents with wrist pain and a diagnosis of tendinitis for which menthoderme would be indicated. However, MTUS requires recording of pain and function when medications are used for chronic pain (p60). Given the lack of discussion of how this topical product is used and with what efficacy in terms of decrease in pain and increase in function, otherwise unachieved without this product, this request cannot be warranted. Therefore, the request IS NOT medically necessary.