

Case Number:	CM15-0194429		
Date Assigned:	10/08/2015	Date of Injury:	10/02/2011
Decision Date:	11/20/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/02/2015

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 was a 47 year old female, who sustained an industrial injury, October 2, 2011. The injured worker was undergoing treatment for cervical muscle spasms, cervical disc protrusion, cervical annular tear, cervical facet hypertrophy, lumbar muscle spasms, lumbar disc protrusion, lumbar facet hypertrophy, lumbar stenosis, lumbar spondylolisthesis, left carpal tunnel syndrome, left De Quervain's disease, right carpal tunnel syndrome, right De Quervain's disease, loss of sleep and psychological component. According to progress note of June 2, 2015, the injured worker's chief complaint was right hand pain. According to the progress note of August 25, 2015, the injured worker's chief complaint was severe neck pain which radiated down both upper extremities, more on the left. The pain interfered with the injured worker's sleep. The pain increased with looking up, by prolonged posturing, by turning the neck left and right, by lifting a gallon of milk and by doing anything repetitive with the upper extremities. The injured worker stated constant pain and numbness in fingers 2, 3, 4 and 5 on both hands. The hands were weak. The injured worker often dropped things due to weakness and numbness in the hands. The physical exam noted tenderness in the bilateral paracervical, trapezius and supraspinatus muscles. The cervical range of motion was markedly restricted. The Tinel's sign was positive at the volar wrists, causing radiating tingling in fingers 2, 3, 4 and 5 bilaterally. The injured worker was scheduled for left carpal tunnel surgery. The injured worker would require decompression and fusion at C4-C5 to relieve the spinal stenosis. The injured worker previously received the following treatments urine toxicology laboratory studies was positive for Oxycodone which was not consistent with medication list on September 10, 2015, Tramadol since May 22, 2015,

Ibuprofen, physical therapy for the right hand, acupuncture therapy, right hand surgery on April 2, 2014, TENS (transcutaneous electrical nerve stimulator) unit, home physical therapy, Lorazepam, Ibuprofen, Prilosec, Mentherm cream since June 4, 2015, acupuncture therapy, 3 cervical epidural injections and chiropractic services. The RFA (request for authorization) dated the following treatments were requested prescriptions for a container Mentherm cream 120gm and Tramadol 37.5-325mg #60. The UR (utilization review board) denied certification on September 30, 2015; for a container Mentherm cream 120gm and Tramadol 37.5-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 container of Mentherm cream 120grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient was injured on 10/02/11 and presents with neck pain and numbness in the hands. The request is for 1 container of mentherm cream 120 grams. There is no RFA provided and the patient's current work status is not provided either. The patient has been using this cream as early as 07/02/15. MTUS Guidelines, Topical Analgesics NSAIDs Section, page 111 states that topical NSAIDs are supported for peripheral joint arthritis /tendinitis type of problems, mostly for short term. Regarding topical NSAIDs MTUS also states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). 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." The patient has tenderness in the bilateral paracervical, trapezius, and supraspinatus muscles, allodynia overlying the left side of her neck and left shoulder, a restricted cervical spine range of motion, and a positive Tinel's sign at the volar wrists. She is diagnosed with cervical muscle spasms, cervical disc protrusion, cervical annular tear, cervical facet hypertrophy, lumbar muscle spasms, lumbar disc protrusion, lumbar facet hypertrophy, lumbar stenosis, lumbar spondylolisthesis, left carpal tunnel syndrome, left De Quervain's disease, right carpal tunnel syndrome, right De Quervain's disease, loss of sleep and psychological component. None of the reports provided mention how Mentherm has impacted the patient's pain and function. MTUS page 60 requires documentation of pain function when medications are used for chronic pain. Due to lack of documentation, the requested Mentherm Gel is not medically necessary.

Tramadol 37.5-325mg #60 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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: The patient was injured on 10/02/11 and presents with neck pain and numbness in the hands. The request is for Tramadol 37.5-325mg #60 tablets. There is no RFA provided and the patient's current work status is not provided either. None of the reports provided mention this medication and it is unclear when the patient began taking it. 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, p77, 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, page 113 regarding 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. The patient is diagnosed with cervical muscle spasms, cervical disc protrusion, cervical annular tear, cervical facet hypertrophy, lumbar muscle spasms, lumbar disc protrusion, lumbar facet hypertrophy, lumbar stenosis, lumbar spondylolisthesis, left carpal tunnel syndrome, left De Quervain's disease, right carpal tunnel syndrome, right De Quervain's disease, loss of sleep and psychological component. None of the reports provided mention how Tramadol has impacted the patient's pain and function. The patient had a urine drug screen on 05/22/15 and was not consistent with her prescribed medications. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of ADLs, which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Tramadol is not medically necessary.