

Case Number:	CM15-0217281		
Date Assigned:	11/09/2015	Date of Injury:	05/08/2012
Decision Date:	12/24/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/04/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 37-year-old male who sustained an industrial injury on 5-8-2012 and has been treated for internal derangement of the knee, reflex sympathetic dystrophy of the lower limb, and sciatica. On 8-14-2015 the injured worker reported that his knees "hurt more," rating it as 7 out of 10, stating they are aggravated when he is at work. He stated he has been able to do to work, exercise, drive, do yard-work, and shop. Objective findings include normal alignment, no lumbar tenderness, tenderness to palpation over the right hip "consistent with trochanteric bursitis," tenderness over the right iliac crest, and the right knee showed Allodynia, tenderness and positive anterior drawer test. Documented treatment includes Tramadol stated 6-12-2015 to have good effect for pain and muscle spasm. This medication is noted as part of the treatment plan since at least 3-23-2015. Urine drug monitoring, pain contract or medication behaviors were not evident in the provided documents. The treating physician's plan of care includes Tramadol 50 mg #60, and Mentherm was prescribed and dispensed 8-14-2015. These were both non-certified on 5-8-2012. The injured worker continues working full time regular duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009 Guidelines, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia.

Decision rationale: Regarding the request for Tramadol 50 mg Qty 60, California Pain Medical Treatment Guidelines state that Tramadol is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Tramadol 50 mg Qty 60, is not medically necessary.

Menthoderm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals. Decision based on Non-MTUS Citation URL [www.ncbi.nlm.nih.gov/pubmed/15033879].

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Topical Analgesics. Decision based on Non-MTUS Citation www.physiciansproducts.net/joomla/index.php/topical-pain-creams/72-menthoderm.

Decision rationale: Regarding the request for Menthoderm, this topical compound is a combination of methyl salicylate and menthol (according to the Menthoderm website). Guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of Methyl salicylate 15%. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the Menthoderm is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Menthoderm is not medically necessary.