

Case Number:	CM15-0237300		
Date Assigned:	12/14/2015	Date of Injury:	09/03/2011
Decision Date:	01/15/2016	UR Denial Date:	11/26/2015
Priority:	Standard	Application Received:	12/04/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 63 year old male, who sustained an industrial injury on 9-3-11. The documentation on 11-4-15 noted that the injured worker has complaints of bilateral shoulder pain, right arm pain and left elbow pain. The injured worker rates his pain 5-6 out of 10 with analgesic medications and 7-8 without analgesic medications. There is tenderness to palpation over the posterior right shoulder and left elbow range of motion reveals tenderness to palpation over the last lateral epicondyle. The diagnoses have included lateral epicondylitis; cervicgia and shoulder pain. Treatment to date has included Tramadol; methyl salicylate; omeprazole and trazodone. The injured worker reports stomach burning from Tramadol. The injured worker has been on Tramadol and Mentherm topical analgesic since at least 6-22-15. The original utilization review (11-26-15) modified the request for Tramadol (Ultram) 50mg, #60 to #45. The request for Mentherm topical analgesic (bottle), #1 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol (Ultram) 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

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

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant was on Tramadol for several months. Long-term use is not indicated. There was no mention of Tylenol or weaning failure. A controlled substance agreement was not found. Continued use of Tramadol is not medically necessary.

Menthoderm topical analgesic (bottle), #1: Upheld

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

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

Decision rationale: Mentoderm contains topical methyl salicylate (NSAID). According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The continuation of Mentoderm beyond 1 month exceeds the trial period recommended above. In addition, the claimant was on Trazadone along with the Mentoderm without mention of failure of the tricyclic antidepressant. Therefore, the continued use of Mentoderm is not medically necessary.