

Case Number:	CM14-0116344		
Date Assigned:	08/04/2014	Date of Injury:	10/02/2008
Decision Date:	10/10/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 records presented for review indicate that this 57 year-old female was reportedly injured on October 2, 2008. The most recent progress note, dated July 11, 2014, indicates that there are ongoing (and increasing) complaints of low back pain. Also noted are complaints of urinary incontinence for several months. The physical examination demonstrated that the injured employee is unable to sit, there is tenderness to palpation of the thoracic and lumbar spine, and a single point cane is required for ambulation. Also noted is a decreased lumbar spine range of motion. Diagnostic imaging studies objectified that an MRI had been obtained in the past with no specific findings reported. Previous treatment includes multiple medications, cognitive behavioral interventions, chronic pain programs, pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on July 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentoderm Gel #1 120gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Salicylate Topicals: Topical Salicylate (e.g. Ben-Gay, methl saclicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 105 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, or capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. The progress notes indicate worsening symptomology demonstrating that this medication has not achieved any efficacy. For this reason this request for Menthoderm is not medically necessary.

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 82, 113 of 127.

Decision rationale: MTUS treatment guidelines support the use of Tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. Given their clinical presentation (particularly the noted worsening symptomology) and lack of documentation of any functional improvement with Tramadol, the request is not considered medically necessary.

Topiramate 25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 21 of 127.

Decision rationale: As noted in the guidelines, this is an anticonvulsant medication shown to have some variable efficacy. However, when considering the current medical situation outlined in the progress notes reviewed, there is no objectification of any efficacy relative to the neuropathic pain. As such, the records do not support the continued utilization of this medication.