

Case Number:	CM14-0139747		
Date Assigned:	09/18/2014	Date of Injury:	03/28/2013
Decision Date:	10/16/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	08/28/2014

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 Occupational Medicine and is licensed to practice in California. 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 injured worker is a 44-year-old male with an injury date of 03/29/13. The 08/09/14 progress report by [REDACTED] states that the patient presents with lower back pain radiating to the left lower extremity with dull sensation. The patient is noted to be working full time with restrictions. Examination notes tenderness to palpation of the lumbar paraspinal musculature. The patient's diagnoses includes Lumbosacral/Joint/Ligament sprain/strain, Depression--Major not specified, Sleep disturbance unspecified, Lumbosacral or Thoracic neuritis or Radiculitis, Myofascial pain. Refill medication is listed as Lidopro, Tramadol/apap and naproxen. The utilization review being challenged is dated 08/25/14. Reports were provided from 03/05/14 to 09/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90, two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Criteria For Use Of Opio.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89; 78, 88, 89.

Decision rationale: MTUS Guidelines 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 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. On 08/09/14 the treater states that medications control 30-40% of the patient's pain. On 06/16/14 it is noted that lower back pain is rated 6/10. Opiate management issues are partially discussed. Reports note repeatedly that no side effects are noted. On 06/23/14 the treater states that due to mood swing the patient has lost interest in doing things and is unable to concentrate on ADLs, and on 01/19/14 it is noted that the patient signed a consent form due to the prescription of Tramadol. However, no urine or toxicology reports are provided or discussed. In this case, no specific ADL's are mentioned to show a significant improvement. No outcome measures are documented. Functional improvement with long-term opiate use has not been adequately documented. Therefore, the request for Tramadol 50 mg # 90, with two refills is not medically necessary and appropriate.

Menthoderm 120 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain ; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60, 61, 6.

Decision rationale: Menthoderm is a compound analgesic containing Methyl Salicylate and Menthol. In the reports provided the treater does not provide any discussion regarding the efficacy and use of this topical product. MTUS Guidelines require documentation of pain and function when medications are used for chronic pain. More importantly, topical NSAIDs are indicated for peripheral joint arthritis/tendinitis per MTUS. In this case, the injured worker does not present with peripheral joint problems. Therefore, the request for Menthoderm 120 gm is not medically necessary and appropriate.