

Case Number:	CM15-0117105		
Date Assigned:	06/25/2015	Date of Injury:	11/10/2012
Decision Date:	08/25/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/17/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 48 year old male, who sustained an industrial injury on 11/10/2012. The mechanism of injury is not indicated. The injured worker was diagnosed as having cervical spine disc bulge. Treatment to date has included medications, home exercise, psychotherapy. The request is for Tramadol and Mentherm cream. Several pages of the medical records have handwritten information which is difficult to decipher. On 10/9/2014, complained of continued neck pain with radiation to the upper extremity. He is noted to have spasms of the neck muscles. On 12/4/2014, he is noted to have continued neck pain, and no objective changes are noted. The treatment plan included: continuing the home exercise program, physical therapy, and a follow up with pain management. On 5/14/2015, he had continued complaint of neck pain with radiation into the right upper extremity. He also complained of dizziness. Physical findings revealed cervical spine range of motion forward flexion 30 degrees, right lateral rotation 25 degrees, extension 20 degrees, and left lateral rotation 20 degrees. There is tenderness noted to the neck region. The treatment plan included: home exercises, neurosurgeon referral, Tramadol, and Mentherm cream.

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 Treatment Guidelines Tramadol (Ultram); Opioids Page(s): 78, 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 93-96.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Menhoderm Cream 240 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113, 105. Decision based on Non-MTUS Citation Drugs.com - Menthoderm.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, Menthoderm gel contains methyl salicylate and menthol. There is no peer-reviewed literature to support its use. This has the same formulation as over-the-counter products such as, BenGay. Medical necessity for the requested topical analgesic has not been established. The requested topical analgesic is not medically necessary.