MAXIMUS Federal Services

Case Number:	CM15-0176332		
Date Assigned:	09/17/2015	Date of Injury:	02/27/2001
Decision Date:	11/13/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/08/2015

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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

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 was a 58 year old female, who sustained an industrial injury, February 27, 2001. According to progress note of August 4, 2015, the injured worker's chief complaint was right knee still had pain and aching with walking. There was no pain with swimming. The injured worker has decreased use of cane. The physical exam noted the right knee range of motion was painful. The left knee has decreased tenderness with palpation with increased stiffness. The injured worker was undergoing treatment for severe osteoarthritis of both knees and bilateral total knee replacements. The injured worker previously received the following treatments hone exercise program, swimming exercises helped the pain, Tramadol, Naproxen, Menthoderm Gel, Cyclobenzaprine and random toxicology urine studies were negative for any unexpected findings on August 4, 2015. The RFA (request for authorization) dated August 4, 2015; the following treatments were requested prescriptions for Naproxen, Cyclobenzaprine, Tramadol 150mg #30 and Tramadol 150mg #15 and Menthoderm Gel. On August 10, 2015, the UR (utilization review board) denied certification for Naproxen, Cyclobenzaprine, Tramadol 150mg #30 and Tramadol 150mg #15 and Menthoderm Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg 1 PO BID #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the short term treatment of exacerbation of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of renal, cardiovascular and renal complications. The guidelines recommend that the use of NSAIDs be limited to the lowest possible dose for the shortest time to minimize the risks of complications. The records indicate that the patient is compliant with the use of NSAIDs. There was no documentation of adverse effect. The criteria for the use of Naproxen 500mg #60 was met. The request is medically necessary.

Menthoderm Gel 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Salicylate topicals, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterTopical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic medications can be utilized for the treatment of localized neuropathic pain when standard first line anticonvulsant and antidepressant medications have failed. The records did not show subjective and objective findings consistent with localized neuropathic pain such as CRPS. The records did not show that the patient failed treatment with first line medications. The guidelines recommend that topical medications be utilized individually for evaluation of efficacy. The Menthoderm product contains methyl salicylate 15% / menthol 10%. There is lack of guidelines support for the use of methyl salicylate and menthol for the treatment of chronic musculoskeletal pain. The criteria for the use of Menthoderm gel 120gm was not met. The request is not medically necessary.

Tramadol 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment, Opioids, specific drug list, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of muscular skeletal pain when standard NSAIDs, exercise and PT have failed. The chronic use of opioids can be associated with the

development of tolerance, dependency, addiction, sedation and adverse interaction with sedative agents. The records did not show compliance UDS, absence of aberrant behavior, CURES data reports or functional restoration. The duration of utilization of Tramadol had exceeded the guidelines recommended limitation to short term period of exacerbation of the muscular skeletal pain. The reported UDS was inconsistent with prescribed medications. The criteria for the use of Tramadol 150mg #30 was not met. The request is not medically necessary.

Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Medications for chronic pain, Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of muscular skeletal pain when standard NSAIDs, exercise and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative agents. The records did not show compliance UDS, absence of aberrant behavior, CURESS data reports or functional restoration. The duration of utilization of cyclobenzaprine had exceeded the guidelines recommended maximum period of 4 weeks for treatment of exacerbation of the muscular skeletal pain. The reported UDS was inconsistent with prescribed medications. The criteria for the use of cyclobenzaprine 7.5mg was not met. The request is not medically necessary.