

Case Number:	CM15-0078219		
Date Assigned:	04/29/2015	Date of Injury:	06/19/2009
Decision Date:	06/01/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/23/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39-year-old male, who sustained an industrial injury on June 19, 2009. He has reported shoulder pain, wrist pain, and back pain. Diagnoses have included chronic pain syndrome, wrist joint pain, degeneration of lumbar intervertebral disc, shoulder pain, and chronic lower back pain. Treatment to date has included medications, physical therapy, home exercise, psychotherapy, wrist surgery, and imaging studies. A progress note dated February 26, 2015 indicates a chief complaint of left shoulder pain, right wrist pain, chronic lower back pain, and numbness of the bilateral forearms. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 200mg Qty 30 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-60, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 113.

Decision rationale: The patient presents with left shoulder pain, right wrist pain, chronic lower back pain, and numbness of the bilateral forearms. Pain is rated a 7/10. The request is for TRAMADOL ER 200MG QTY 30 WITH 1 REFILL. There is no RFA provided and the date of injury is 06/19/09. The diagnoses include chronic pain syndrome, wrist joint pain, degeneration of lumbar intervertebral disc, shoulder pain, and chronic lower back pain. Treatment to date has included medications, physical therapy, home exercise, psychotherapy, wrist surgery, and imaging studies. Current medications include Tramadol ER, Tramadol, Methyl Salicylate topical ointment, Naproxen, Tizanidine, and Venlafaxine ER. The patient is currently working. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. MTUS Guidelines, pages 88 and 89, state "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. Per 04/23/15 report, treater states, "Patient reports continued benefit from his Tramadol ER and he rarely takes the IR Tramadol. He continues to have back pain, shoulder and wrist pain, but with the medications, he is able to continue to work and do most of his usual activities, although he is not able to play with his kids as much as he used to be able to. CURES report and urine toxicology were all appropriate." The use of opiates requires detailed documentation regarding pain and function, per MTUS. In this case, the patient continues to work, showing functional improvement. The use of Tramadol is supported by MTUS for management of chronic pain, and the request IS medically necessary.

Tramadol 50mg Qty 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-60, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 113.

Decision rationale: The patient presents with left shoulder pain, right wrist pain, chronic lower back pain, and numbness of the bilateral forearms. Pain is rated a 7/10. The request is for TRAMADOL ER 200MG QTY 30 WITH 1 REFILL. There is no RFA provided and the date of injury is 06/19/09. The diagnoses include chronic pain syndrome, wrist joint pain, degeneration of lumbar intervertebral disc, shoulder pain, and chronic lower back pain. Treatment to date has included medications, physical therapy, home exercise, psychotherapy, wrist surgery, and imaging studies. Current medications include Tramadol ER, Tramadol, Methyl Salicylate topical ointment, Naproxen, Tizanidine, and Venlafaxine ER. The patient is currently working. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids.

See also Opioids for neuropathic pain. MTUS Guidelines, pages 88 and 89, state "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. Per 04/23/15 report, treater states, "Patient reports continued benefit from his Tramadol ER and he rarely takes the IR Tramadol. He continues to have back pain, shoulder and wrist pain, but with the medications, he is able to continue to work and do most of his usual activities, although he is not able to play with his kids as much as he used to be able to. CURES report and urine toxicology were all appropriate." The use of opiates requires detailed documentation regarding pain and function, per MTUS. In this case, the patient continues to work, showing functional improvement. The use of Tramadol is supported by MTUS for management of chronic pain, and the request IS medically necessary.

Methyl Salicylate 15% menthol 10% topical cream 480gm Qty 1 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 and 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Salicylate topical Page(s): 111-113, 105.

Decision rationale: The patient presents with left shoulder pain, right wrist pain, chronic lower back pain, and numbness of the bilateral forearms. Pain is rated a 7/10. The request is for METHYL SALICYLATE 15% MENTHOL 10% TOPICAL CREAM 480GM QTY 1 WITH 5 REFILLS. There is no RFA provided and the date of injury is 06/19/09. The diagnoses include chronic pain syndrome, wrist joint pain, degeneration of lumbar intervertebral disc, shoulder pain, and chronic lower back pain. Treatment to date has included medications, physical therapy, home exercise, psychotherapy, wrist surgery, and imaging studies. Current medications include Tramadol ER, Tramadol, Methyl Salicylate topical ointment, Naproxen, Tizanidine, and Venafaxine ER. The patient is currently working. Regarding topical analgesics, MTUS, pg 111-113, Topical Analgesics state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, pg 105 in which "Ben-Gay"(which contains menthol and methylsalicylate) is given as an example and is stated as significantly better than placebo in chronic pain. MTUS has support for methyl salicylate under the Topical Salicylate section for peripheral joint arthritis/tendinitis condition. In this case, the request for Methoderm gel is first noted in progress report dated 09/04/14. The treating physician does not explain the purpose of the request. The treater does not discuss the site of application and efficacy of the gel. There is no diagnosis of peripheral joint arthritis either. Therefore, the request IS NOT medically necessary.