

Case Number:	CM14-0141448		
Date Assigned:	09/10/2014	Date of Injury:	08/04/2008
Decision Date:	10/20/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/02/2014

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 Anesthesiology, has a subspecialty in Pain 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 64 year old male who was injured on 08/04/08 resulting in right shoulder, right upper extremity, and right knee pain. The mechanism of injury was not documented in the clinical notes submitted for review. Current diagnosis include fracture, right pelvis; right shoulder joint derangement; right knee tendinopathy; and status post right shoulder surgery in 2008. Clinical note dated 07/23/14 indicated the injured worker comes for follow up for complaints of right upper extremity, neck and right knee pain., and for MRI result. The injured worker complains of pain in his right ear for 4 months that radiates down to right side of the neck. He was prescribed ear drops but afforded no relief, and was referred to an ENT specialist who felt that it was related to his injury and recommended MRI of the head. The injured worker indicated that Ibuprofen worsens the ringing in the ears for 2.5 months and has reduced its usage to prn. The ringing in his ears is at the same intensity. The injured worker also indicated the right shoulder pain is constant and throbbing, and rated as 5/10. The pain is worse with activity and radiates to right side of the neck, with pain level at 6/10. There was also constant headache on the right side with throbbing. The right knee pain was described as intermittent and throbbing, rated as 5/10 on the pain scale, with numbness, worse with activity like prolonged sitting, walking, standing and driving. The injured worker also reported stable mood, occasionally depressed about injury and feels anxious easily. Physical examination revealed antalgic gait with limited cervical range of motion (hyperextension >flexion), and limited range of motion of the right shoulder. There was tenderness on the cervical spine, right deltoid, lumbar spine, right lateral wrist, right knee. There were also cervical pain and right shoulder pain with movement, and decreased sensation in the right upper extremity. Empty cane test was positive. MRI of the right shoulder dated 04/25/14 revealed small partial-thickness tear at insertion of supraspinatus portion of rotator cuff onto humeral head, and type II acromion just

barely abutting rotator cuff. Medications include Tramadol 50mg tab, Ibuprofen 800mg tab, Cyclobenzaprine 7.5mg, Omeprazole 20 mg tab and Mentoderm gel. Clinical notes dated 08/13/14 indicated the injured worker has the same symptoms. Right shoulder pain is rated as 5/10, right sided neck pain rated as 6/10, and right knee pain rated as 5/10. The injured worker can perform more activities of daily living while on medications than without. Physical examination remain unchanged. Current medications include tramadol 50mg tab, ibuprofen 800mg tab, cyclobenzaprine 7.5mg, omeprazole 20 mg tab and mentoderm gel. The previous requests for tramadol 50 mg qty #90 was partially certified to qty #30; cyclobenzaprine 7.5mg qty #30 was partially certified to qty # 20; and Mentoderm gel was non- certified on 08/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), online version, Pain (Chronic) Opioids

Decision rationale: There is no clear documentation regarding the functional benefits as well as substantial functional improvement with the continued use of narcotic medications. Current evidence based guidelines recommend that patients demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. In addition, there was no recent urine drug screen report made available for review. Further, there was no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics. Given the above the request is not medically necessary.

Cyclobenaprine 7.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management

also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this Cyclobenzaprine 7.5mg tab #30 has not been established at this time.

Methoderm gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topical Page(s): 105.

Decision rationale: As noted on page 105 of the Chronic Pain Medical Treatment Guidelines, salicylate topical are recommended in the treatment of chronic pain. Methoderm gel is a compound topical medication that contains menthol and methyl salicylate. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. However, there is no indication in the documentation that the patient cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for this medication, Methoderm gel is not medically necessary.