

Case Number:	CM14-0143627		
Date Assigned:	09/23/2014	Date of Injury:	09/12/2011
Decision Date:	10/22/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/04/2014

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 Internal Medicine and is licensed to practice in New York. 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 patient is a 59 year old male with a date of injury of 09/12/2011. He was scooping salad into a container and noted neck and shoulder pain. He went to the ER and had x-rays and was released. He has a listed diagnosis of cervical strain/sprain, shoulder strain and cervical disc disease. He was evaluated by an orthopedist and had a MRI of the right shoulder that revealed a small tear of the rotator cuff and impingement. On 01/20/2012 he had been treated with Tramadol, NSAIDS and omeprazole. On 07/29/2014 he was treated with Tramadol, Topiramate and Mentherm ointment. He had decreased cervical right lateral flexion and extension. Right shoulder abduction was 90 degrees. He had 6/10 right shoulder and cervical pain. On 09/23/2014 the request was for continued treatment with Tramadol, TENS unit, exercise and Mentherm. He had decreased right lateral cervical flexion and extension. Right shoulder abduction was 90 degrees. Cervical and right shoulder pain was 6/10.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Tramadol Page(s): 78 -80 113.

Decision rationale: MTUS, Chronic pain notes that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Chronic Pain Medical Treatment Guidelines. Chronic Pain Medical Treatment Guidelines Page 78 of 127. On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drugtaking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to nonopioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Except for a continued 6/10 pain and decreased range of motion of the right shoulder and right lateral neck, there is little to none further documentation provided. The documentation does not meet MTUS criteria for continued opioid treatment. Therefore, the request is not medically necessary.

Menthoderm ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 - 112.

Decision rationale: MTUS Chronic pain, Topical Analgesics notes that topical analgesics are "largely experimental in use with few randomized controlled trials to determine safety and efficacy." Also for compounded topical products if one of the components is not recommended

then the entire product is not recommended. Menthoderms is a combination of salicylate and menthol and there is no documentation that menthol is recommended treatment in MTUS. Thus, Menthoderms is not recommended. Furthermore, there is no documentation that this patient has osteoarthritis. Therefore, the request is not medically necessary.