

Case Number:	CM14-0114587		
Date Assigned:	08/04/2014	Date of Injury:	03/22/2009
Decision Date:	09/23/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/22/2014

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 Occupational 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:

This patient is a 36 y/o female who has developed chronic low back pain subsequent to an lifting injury dated 3/22/09. She has been treated with a multilevel spinal fusion with a documented nonunion. Her diagnosis is failed back surgery syndrome and she has persistent low back pain with leg radiation that is reported VAS 6-7/10. She is treated with oral analgesics in the form of Tramadol #120 per month. Her pain relief is reported to be about 50% and it is documented that specific functions improve with use. There is no documentation supporting the compounded mix named Kera TEK vs. common over the counter preparations with the same ingredients.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids criteria for use. Decision based on Non-MTUS Citation <http://www.odg.twc.com/odgtwc/pain.htm> See opioids, screening test for risk of addiction & misuse and tools for risk stratification & monitoring.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids ongoing management Page(s): 78.

Decision rationale: MTUS Guidelines support urine drug testing when initiating or for the monitoring of long term use of Opioids. It is medically reasonable for the new treating physician to request a urine drug screen with the history of long term opioid use.

Kera-tek analgesic gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics: Nonsteroidal anti-inflammatory agents (NSAIDs); Lidocaine indication; Other muscle relaxants. Decision based on Non-MTUS Citation <http://www.odgtwc.com/odgtwc/pain.htm> (and Chondroitin Sulfate). Salicylate topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylates Page(s): 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compounded Medications.

Decision rationale: Kera TEK is a compounded blend of menthol and methylsalicylate. MTUS Guidelines support the over counter use of such blends i.e. ben gay. ODG Guidelines specifically state that compounded blends are not medically appropriate if the ingredients are over the counter products. Kera TEK is not medically necessary as a compounded product.

Ultram (tramadol 50 mg), #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids for neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 80.

Decision rationale: MTUS Guidelines supports the judicious use of Opioids when there is meaningful pain relief and functional benefits. All of the Guideline conditions for continued use have been met. The Tramadol 50mg. #150 is medically necessary.