

<b>Case Number:</b>	CM14-0150816		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	10/24/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Emergency 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 39 year-old male, who sustained an injury on October 24, 2012. The mechanism of injury occurred from repetitive activities. Diagnostics have included: urine drug screen collected February 18, 2013 reported as showing non-detected including prescribed Tramadol and Zolpidem; Lumbar spine MRI dated December 16, 2013 reported as showing L4-5 and L5-S1 disc protrusions; Cervical spine MRI dated December 16, 2013 reported as showing multi-level disc protrusions. Treatments have included: medications, physical therapy. The current diagnoses are: cervical strain, lumbar strain, sleep disturbance, stress related symptoms. The stated purpose of the request for chiro 2 X 8 was not noted. The request for chiro 2 X 8 was denied on August 20, 2014, citing the need to evaluate effectiveness after a trial course. The stated purpose of the request for Ultram (Tramadol) 50MG # 90 was not noted. The request for Ultram (Tramadol) 50MG # 90 was modified for Quantity # 90 on August 20, 2014, citing noting that this medication is not a first-line oral analgesic. The stated purpose of the request for Flexeril 10mg, # 90 was not noted. The request for Flexeril 10mg, # 90 was modified for Quantity # 40 on August 20, 2014, citing a lack of documentation of the medical necessity for long-term use. The stated purpose of the request for Kera Tek gel 4 oz was not noted. The request for Kera Tek gel 4 oz was denied on August 20, 2014, citing a lack of documentation of effectiveness. Per the report dated August 1, 2014, the treating physician noted complaints of pain to the neck and back with radiation to the legs arms, with some improvement from Tramadol and physical therapy. Exam findings included lumbar tenderness with hypertonicity and decreased lumbar range of motion, normal neurologic exam, positive Kemp's test bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2 times a week for 8 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** The requested Chiropractic 2 times a week for 8 weeks is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, Pages 58-59, recommend continued chiropractic therapy with documented objective evidence of derived functional benefit. The injured worker has pain to the neck and back with radiation to the legs arms, with some improvement from Tramadol and physical therapy. The treating physician has documented lumbar tenderness with hypertonicity and decreased lumbar range of motion, normal neurologic exam, positive Kemp's test bilaterally. The treating physician has not documented the medical necessity for a quantity of chiropractic sessions beyond a guideline recommended trial to assess derived effectiveness. The criteria noted above not having been met Chiropractic 2 times a week for 8 weeks is not medically necessary.

**ULTRAM (TRAMADOL) 50MG, # 90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain, Tramadol Page(s): 78-80,80-82,113.

**Decision rationale:** The requested Ultram (Tramadol) 50mg, # 90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain to the neck and back with radiation to the legs arms, with some improvement from Tramadol and physical therapy. The treating physician has documented lumbar tenderness with hypertonicity and decreased lumbar range of motion, normal neurologic exam, positive Kemp's test bilaterally. This medication has been prescribed since at least April 2013. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor the reasons or actions taken for this drug being reported as negative on repeat urine drug screening. The criteria noted above not having been met, Ultram (Tramadol) 50mg, # 90 is not medically necessary.

**FLEXERIL 10MG, # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The requested flexeril 10mg, # 90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain to the neck and back with radiation to the legs arms, with some improvement from Tramadol and physical therapy. The treating physician has documented lumbar tenderness with hypertonicity and decreased lumbar range of motion, normal neurologic exam, positive Kemp's test bilaterally. The treating physician has not documented the duration of use. The treating physician has not documented intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, flexeril 10mg, # 90 is not medically necessary.

**KERA TEK GEL 4 OZ:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

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

**Decision rationale:** The requested Kera Tek gel 4oz is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has pain to the neck and back with radiation to the legs arms, with some improvement from Tramadol and physical therapy. The treating physician has documented lumbar tenderness with hypertonicity and decreased lumbar range of motion, normal neurologic exam, positive Kemp's test bilaterally. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Kera Tek gel 4 oz is not medically necessary.