

Case Number:	CM14-0165520		
Date Assigned:	10/10/2014	Date of Injury:	05/12/2012
Decision Date:	11/25/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/08/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Arizona and 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 48-year-old male who reported an injury on 05/12/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of chronic lumbar sprain/strain exacerbation due to an injury, bilateral shoulders repetitive sprain/strain rule out impingement syndrome, and abnormal nerve conduction study for right median compression of the median nerve carpal tunnel and left median compression of the ulnar nerve. Past medical treatment consisted of physical therapy, injections, and medication therapy. Medications consist of Keratek analgesic gel and Ultram. No urinalysis or drug screens were submitted for review. On 09/05/2014, the injured worker complained of pain in the lower back, shoulders, and left wrist and hand. The physical examination noted that the pain was rated at a 4/10 with pain medication. Examination of the lumbar spine revealed tenderness over the midline. There was limited range of motion due to pain. There was a positive straight leg raise in the left lower extremity. There was limited rotation due to pain. Neurologically, both lower extremities were intact. Examination of the left wrist revealed tenderness diffusely, as well as tenderness over the extensor tendon. There was also decreased sensation along the medial nerve distribution, as well as decreased strength in flexion and extension of 4/5 with slight laxity. The medical treatment plan is for the injured worker to continue the use of medication therapy. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keratek Analgesic Gel 4oz: Upheld

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

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

Decision rationale: The request for Keratek Analgesic Gel 4oz is not medically necessary. The California MTUS state that many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local analgesics, antidepressants, and adenosine triphosphate). There is little to no research to support the use of many of these agents. The California MTUS also state that topical compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, any compounded product that contains at least 1 drug that is not recommended is not recommended. The included documentation did not indicate whether the injured worker had been responsive to or was intolerant to other treatments. Furthermore, the documentation submitted for review lacked any evidence of failed trials of antidepressants or anticonvulsants. Additionally, the request as submitted did not indicate a frequency, dosage, or duration for the medication. It also did not specify the site at which the topical analgesic would be intended for. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Keratek Analgesic Gel is not medically necessary.

Ultram (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 Opioid Management Page(s): 78.

Decision rationale: The request for Ultram (Tramadol 50mg) #90 is not medically necessary. The California MTUS guidelines recommend ongoing review of medications with the documentation of pain relief, functional status, appropriate medication use, and side effects. A complete pain assessment should be documented which includes 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. The guidelines recommend dosing of opioid medications not exceed 120mg oral morphine equivalents per day. The injured worker's medical records lacked the documentation of pain ratings pre and post medication, current pain rating, the least reported pain over the period since the last assessment, the average pain rating, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There was also no urinalysis or drug screen submitted for review showing whether the injured worker was compliant with prescription medications. The submitted documentation also did not indicate the efficacy of the medication, nor did it indicate whether the medication was helping with any

functional deficits. The request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the recommended guideline criteria. As such, the request for Ultram (Tramadol 50mg) is not medically necessary.