

<b>Case Number:</b>	CM14-0170582		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	03/23/2010
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 63-year-old male with date of injury of 03/23/2010. The listed diagnoses per the treater from 08/19/2014 are: 1. Left shoulder partial rotator cuff tear. 2. Left shoulder subacromial impingement and rotator cuff syndrome. 3. Lumbar disk herniation. According to this report, the patient complains of cervical spine, lumbar spine, bilateral shoulder, and right ankle pain. The patient rates his cervical and lumbar spine pain 8/10. His bilateral shoulders pain rate at 5/10. He notes that his pain has remained unchanged since his last visit. The patient notes improvement with rest and medication; pain worsens with activities. He does take Tylenol No. 3 on an as needed basis and reports improvement in his pain level from 8/10 down to 3/10 after taking this medication. However, his primary care physician told him to discontinue its use because he has slight inflammation of the liver. The examination of the cervical spine revealed limited range of motion. Tenderness to palpation noted over the trapezius and paravertebral muscles bilaterally. There was hypertonicity noted over the trapezius muscles on the left side. Cervical compression test was positive. Lumbar spine revealed limited range of motion. Tenderness was also noted over the paraspinal muscles bilaterally. There was hypertonicity over the paraspinal muscles bilaterally. Kemp's test was positive bilaterally. Deep tendon reflexes were 1+ at patellar and Achilles tendons bilaterally. The left shoulder also revealed limited range of motion. Neer's impingement and Hawkin's impingement test were positive. Neurovascular status was intact distally. Muscle strength was noted to be 4+. The utilization review denied the request on 09/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera Tek Gel 4oz:** 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 NSAIDs Page(s): 111.

**Decision rationale:** This patient presents with cervical spine, lumbar spine, bilateral shoulder, and right ankle pain. The treater is requesting a Keratek gel 4 oz. The MTUS Guidelines page 111 on topical NSAIDs states, "Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment of osteoarthritis, but either not afterward, or with diminishing effect over another 2-week period." It is indicated for short-term use between 4 to 12 weeks for the treatment of osteoarthritis and tendinitis in particular that of the knee and elbow or other joints that are amenable to topical treatment. The records show that the patient was prescribed Keratek gel on 03/27/2014. The 08/19/2014 report notes, "I would like to request authorization for Keratek analgesic gel in an effort to provide the patient further pain relief, especially noting that this is recommended for MTUS Guidelines for chronic pain." In this case, topical non-steroidal anti-inflammatory drugs (NSAIDs) are indicated for patients with osteoarthritis and tendinitis and this patient presents with mostly neck and low back symptoms. The patient does present with ankle pain, but the treater does not indicate that the topical is to be used for this condition. The treater's focus appears to be neck, low back and shoulder conditions for which topical NSAIDs are not indicated. The request is not medically necessary.

**Ultram (Tramadol) 50mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for initiating opioids Page(s): 76 to 78.

**Decision rationale:** This patient presents with cervical spine, lumbar spine, bilateral shoulder, and right ankle pain. The treater is requesting Ultram (tramadol) 50 mg #60. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The 08/19/2014 report notes that the patient has been taking Tylenol No. 3 on an as needed basis with reports of improvement of his pain level from 8/10 down to 3/10. However, his primary care physician has told him to discontinue its use because of a slight inflammation of the liver. The records do not show any history of Ultram use. In this case, the patient has tried Tylenol with benefit. However, there was noted inflammation of his liver and a trial of Ultram is reasonable

to determine its efficacy in terms of pain relief and functional improvement. The request is medically necessary.