

<b>Case Number:</b>	CM14-0064027		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/21/2013
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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:

The patient is a 47-year-old male who has submitted a claim for lumbar spine disc herniation, right lower extremity radicular pain, acute cervical sprain, and bilateral upper extremity radicular pain with neurologic findings; associated with an industrial injury date of 07/21/2013. Medical records from 2013 to 2014 were reviewed and showed that patient complained of persistent neck and lower back pain. The patient's pain has recently been aggravated and the patient needs something stronger than Tylenol for his pain. Physical examination showed limited ranges of motion of the cervical and lumbar spines. Tenderness was noted over the trapezius and bilateral cervical and lumbar paraspinal muscles. Spurling's test was positive on the right side. Straight leg raise test was positive on the right. Deep tendon reflexes (DTRs) were normal. Motor testing was normal. Decreased sensation was noted in the bilateral C6 and C8 distributions, and left L5 distribution. Treatment to date has included medications, activity restrictions, physical therapy, and home exercise program. Utilization review, dated 04/23/2014, denied the request for Ultram because there was no documentation of what other first-line medications have been tried, and there was no mention as to whether the requested Ultram will be taken with Tylenol; denied the request for Kera-Tek gel because menthol is not supported by MTUS guidelines for topical use, and the patient was not using oral NSAIDs; and denied the request for urine toxicology because there was no diagnosis of chronic pain syndrome requiring chronic around-the-clock opiates, and the requests for both Tylenol and Ultram were determined not to be medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram (Tramadol 50 mg) tabs 1-2 tabs q 6hrs #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

**Decision rationale:** As stated on page 75 of CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Central analgesics such as Ultram are reported to be effective in managing neuropathic pain but opioids are not recommended as first-line therapy for neuropathic pain. In this case, the patient is currently taking Tylenol for neck and low back pain. As stated on a progress report dated 05/12/2014, the patient's pain has recently been aggravated and the patient needs something stronger than Tylenol for his pain. Adjuvant therapy with tramadol is a reasonable option at this time. The medical necessity has been established. Therefore, the request for Ultram (Tramadol 50 mg) tabs 1-2 tabs q 6hrs #60 is medically necessary.

**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 analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

**Decision rationale:** An online search indicates that Keratek contains menthol and methyl salicylate. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical over-the-counter (OTC) pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Page 105 of CA MTUS Chronic Pain Medical Treatment Guidelines states that topical salicylates (e.g., Ben-Gay, Aspercream, methyl salicylate) are significantly better than placebo in chronic pain. These products are generally used to relieve minor aches and pains. With regard to brand name topical salicylates, these products have the same formulation as over-the-counter products such as BenGay. It has not been established that there is any necessity for a specific brand name topical salicylate compared to an over the counter formulation. Therefore, the request for Kera-Tek gel-4oz is not medically necessary.

**Urine toxicology:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Urine Drug Testing, Opioids, tools for risk stratification & monitoring.

**Decision rationale:** As stated on page 94 of CA MTUS Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'moderate risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there may be concurrent psychiatric comorbidity. Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. In this case, the patient can be classified as 'moderate risk' as he was diagnosed with aggravation of pre-existing post-traumatic stress disorder/bipolar disorder on December 10, 2013. Urine toxicology has been performed on 12/13/2013, which was negative for all drugs tested. However, the cited toxicology report stated that the medications listed would not be detected in this drug test panel. Moreover, the medical records submitted for review failed to indicate the rationale for urine drug testing, given that the patient's medications would not be detected in the drug test panel. Therefore, the urine toxicology is not medically necessary.