

<b>Case Number:</b>	CM14-0207172		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	08/05/2011
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 61 year old female with the injury date of 08/05/11. Per physician's report 10/17/14, the patient has neck pain at 8/10, radiating down right upper extremity. The patient is currently not working. There is decreased strength and sensation bilaterally at C4-8. The lists of diagnoses are: 1) Cervical spine sprain/ strain 2) Chronic right shoulder rotator cuff tendonitis and bilateral tear with impingement syndrome 3) Bilateral carpal tunnel releases 4) Volar ganglion cyst on the right 5) Possible right ulnar neuropathy 6) s/p right shoulder operative arthroscopy and decompression 7) Right shoulder tendonitis and bursitis and degeneration of the acromioclavicular joint and glenohumeral joints Per 09/25/14 progress report, the patient has pain in her neck, right shoulder, right elbow and right hand, at 8/10. The patient states that the combination of Tramadol and Naproxen caused uncontrollable acid reflux. Tramadol reduced her pain from 8/10 to 7/10 and Naproxen didn't reduce her pain. Pain is better with rest and medication. Per 08/29/14 progress report, the patient has the same pain in her neck and right shoulder at 4-6/10. The patient is taking Norco and Naproxen. Medications reduced her pain from 9/10 to 4/10. Per 06/24/14 progress report, the patient rates her pain as 9/10 before taking medications and 6/10 after taking medications. The utilization review determination being challenged is dated on 11/13/14. Treatment reports were provided from 05/02/14 to 11/13/14. 11/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **2 Kera-Tek analgesic gel 4 oz: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topical Page(s): 105.

**Decision rationale:** The patient presents with pain and weakness in her neck and right upper extremity. The patient is s/p right shoulder arthroscopy and bilateral carpal tunnel releases. The request is for 2 Kera-Tek analgesic gel 4 oz. Kera- Tek analgesic gel contains Menthol 16 g in 100 g and Methyl Salicylate 28g in 100g. Regarding topical analgesics, MTUS states they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, page 105 in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis problems. "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The utilization review letter 11/13/14 denied the request of Teka-Tek, stating "only Lidocaine and Capsaicin are allowed as topical analgesic medications," but this is not true. MTUS allows topical NSAIDs for peripheral joint arthritis/tendinitis type of conditions. It is not indicated for neuropathic pain. This patient does not with peripheral joint problems and carpal tunnel syndrome, a neuropathic pain condition, does not respond to topical NSADIs. Therefore, the request is not medically necessary.

## **Ultram (Tramadol) 50 mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with pain and weakness in her neck and right upper extremity. The patient is status post right shoulder arthroscopy and bilateral carpal tunnel releases. The request is for Ultram (Tramadol) 50 mg #90. The patient started utilizing Ultram between 08/29/14 and 09/25/14. Regarding chronic opiate use, MTUS guidelines page 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The review of the reports does not show any discussion specific to this medication other

than Tramadol reduced pain from 8 to 7. The four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request is not medically necessary.