

<b>Case Number:</b>	CM15-0103779		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 48-year-old who has filed a claim for chronic neck, low back, shoulder, elbow, and wrist pain reportedly associated with an industrial injury of October 1, 2013. In a Utilization Review report dated May 26, 2015, the claims administrator failed to approve a request for Kera-Tek analgesic gel, ibuprofen, tramadol, and Flexeril. 8 sessions of chiropractic medical therapy were conditionally denied. The claims administrator referenced an RFA form received on May 13, 2015 and an associated progress note of May 6, 2015 in its determination. The applicant's attorney subsequently appealed. On June 9, 2015, the applicant reported ongoing complaints of knee, elbow, wrist, neck, and shoulder pain. The applicant was asked to continue Motrin. Tylenol with Codeine was prescribed. A TENS-interferential unit device was sought. In another section of the note, Kera-Tek gel, Motrin, tramadol, Flexeril and manipulative therapy were sought. It was suggested in another section of the note that the applicant was working regular duty. It was not stated how much prior manipulation the applicant had had. On May 6, 2015, the applicant reported ongoing complaints of shoulder, elbow, wrist, low back, neck, and ankle pain, 5 to 6/10. The applicant was working, it was reported. Kera-Tek gel, Motrin, Flexeril, tramadol, and a traction device were sought. Additional chiropractic manipulative therapy was prescribed. It was suggested that the applicant was pending a knee arthroscopy procedure. The attending provider stated that the applicant's medications were consistently providing temporary palliative pain relief. On March 13, 2015, the attending provider placed the applicant off of work for three days and then suggested that the applicant return to regular duty work effective March 16, 2015. On March 6, 2015, the applicant, once

again, was returned to regular duty work. The applicant was asked to continue tramadol, Motrin, and Flexeril.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Kera-Tek gel 4 oz with 3 refill: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Salicylate topicals.

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

**Decision rationale:** The request for Kera-Tek analgesic gel, a salicylate topical, was medically necessary, medically appropriate, and indicated here. As noted on page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, salicylate topical such as Kera-Tek analgesic gel are recommended in the chronic pain context present here. Here, the applicant did demonstrate a favorable response to ongoing usage of Kera-Tek analgesic gel as evinced by the applicant's successful return to and/or maintenance of full-time, regular duty work status, the treating provider reported on May 6, 2015. The applicant had returned to work as of that point in time. The applicant was deriving appropriate temporary analgesia from her medications, the treating provider suggested. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

#### **Ibuprofen 800 mg Qty 90 with 5 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** Similarly, the request for ibuprofen, an anti-inflammatory medication, was likewise medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as ibuprofen (Motrin) do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. As with the preceding request, the applicant's successful return to regular duty work, as a result of ongoing medication consumption, does constitute prima facie evidence of functional improvement as defined in MTUS 9792.20e with ongoing ibuprofen usage. The applicant was, furthermore, deriving appropriate temporary palliation in pain as a result of ongoing medication consumption, the treating provider reported on May 6, 2015. Therefore, the request was medically necessary.

#### **Tramadol 50 mg Qty 200 with 4 refills: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Yes, request for tramadol, a synthetic opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant had returned to and maintained full-time, regular duty work status, the treating provider reported on May 6, 2015. The applicant was deriving appropriate temporary palliation in pain complaints as a result of ongoing medication consumption, including tramadol consumption, it was reported on that date. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

**Cyclobenzaprine 10 mg Qty 30 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** Finally, the request for cyclobenzaprine (Flexeril) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine (Flexeril) to other agents is not recommended. Here, the applicant was in fact using a variety of other agents, including Motrin, tramadol, Kera-Tek analgesic gel, etc. The addition of cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 30-tablet, 5-refill supply of cyclobenzaprine at issue represents treatment in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.