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| <b>Case Number:</b>   | CM15-0186003 |                              |            |
| <b>Date Assigned:</b> | 09/28/2015   | <b>Date of Injury:</b>       | 02/10/1980 |
| <b>Decision Date:</b> | 11/10/2015   | <b>UR Denial Date:</b>       | 08/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/21/2015 |

### 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 62-year-old who has filed a claim for chronic shoulder, low back, and knee pain reportedly associated with an industrial injury of February 10, 1980. In Utilization Review report dated August 21, 2015, the claims administrator failed to approve a request for Kera-Tek analgesic gel and tramadol. The claims administrator referenced an RFA from received on August 17, 2015 and an associated progress note of May 26, 2015 in its determination. The applicant's attorney subsequently appealed. On an RFA form of August 17, 2015, Kera-tek analgesic gel, tramadol, and Motrin were endorsed. On a progress note dated May 26, 2015, the applicant reported ongoing complaints of neck, shoulder, and knee pain, which the treating provider said were attenuated as a result of ongoing tramadol and Motrin usage. The applicant was not, however, working. Activities of daily living as basic as sitting remain problematic, the treating provider reported. Motrin, tramadol, MRI imaging of the shoulder and CT imaging of the shoulder were endorsed while the applicant was seemingly kept off work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KeraTek gel (methyl salicylate/menthol), 4oz:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Topical Analgesics.

**Decision rationale:** No, the request for Kera-Tek analgesic gel, a salicylate topical, was not medically necessary, medically appropriate, or indicated here. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topical such as the Kera-Tek analgesic gel at issue are recommended in the chronic pain context present here, this recommendation is, however, qualified by commentary made on page 7 of MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of ACOEM Practice Guidelines to the effect that attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off work, it was reported on May 26, 2015. Ongoing usage of Kera-Tek analgesic gel failed to curtail the applicant's dependence on opioid agents such as tramadol. Activities of daily living as basic as sitting remain problematic, the treating provider reported. All the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

**Ultram (tramadol) 50mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Similarly, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or 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, however, the applicant was off work, it was reported on May 26, 2015. While the treating provider recounts that the reported reduction in pain scores effected as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's failure to return to work, and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Tramadol usage. Therefore, the request was not medically necessary.