

Case Number:	CM15-0024276		
Date Assigned:	02/17/2015	Date of Injury:	03/30/2013
Decision Date:	04/07/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/09/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 68-year-old male who reported an injury on 03/30/2013. The injured worker reportedly suffered a low back strain when he bent forward to lift a briefcase off the ground. On 12/15/2014, the injured worker presented for a follow-up evaluation with complaints of low back pain. The injured worker reported 7/10 pain without medication and 4/10 with medication. The injured worker was utilizing tramadol and Keratek gel. Upon examination, there was decreased range of motion, tenderness over the paraspinal muscles, hypertonicity, positive Kemp's signs bilaterally, intact sensation, and 1+ bilateral deep tendon reflexes. Recommendations at that time included continuation of the current medication regimen, laboratory studies to evaluate kidney function, electrodiagnostic studies, and an MRI of the lumbar spine. A Request for Authorization form was then submitted on 12/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-tek analgesic gel 4 oz, apply thin layer to affected area 2-3 times per day for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. In this case, it was noted that the injured worker has utilized the above medication since at least 06/2014. There was no documentation of objective functional improvement. The ongoing use of the above medication would not be supported. As such, the request is not medically appropriate.

Ultram (Tramadol 50 mg) #90, 1-2 tabs by mouth every 6-8 hours for the lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it was noted that the injured worker has utilized the above medication since at least 06/2014. There was no documentation of objective functional improvement. There was also no mention of a written consent or agreement for chronic use of an opioid. Recent urine toxicology reports documenting evidence of patient compliance and non-aberrant behavior were not provided. Given the above, the request is not medically appropriate at this time.