

<b>Case Number:</b>	CM15-0081134		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	01/15/2015
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58 year old male sustained an industrial injury to the low back on 1/15/15. Previous treatment included x-rays, magnetic resonance imaging, chiropractic therapy, physical therapy and medications. In a Primary Treating Physician's initial report dated 3/11/15, the injured worker complained of constant low back pain rated 3/10 on the visual analog scale. The injured worker reported suffering low back pain for many years with a sudden increase to his pain on 1/15/15. Magnetic resonance imaging lumbar spine (2/10/15) showed L4-5 spondylolisthesis with significant disc degeneration and disc herniation as well as L5-S1 disc degeneration. Current diagnoses included lumbar spine spondylolisthesis with disc herniation. The treatment plan included continuing chiropractic therapy twice a week for six weeks, a spine surgery consultation and medications (Ultram, Ibuprofen and topical Kera-Tek).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera-Tek analgesic gel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** Kera-Tek contains topical NSAIDs. According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs are indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the gel along with oral NSAIDs. Topical NSAIDs can reach system levels similar to oral NSAIDs. Long-term use is not indicated. In addition, there was no documentation of arthritis. The continued use of Kera-Tek is not medically necessary.

**60 Ultram 50mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant's pain was 7/10 and the pain response to Tramadol was not noted. Continued and chronic use of opioids is not indicated. Response to Motrin alone or in combination with Tylenol was not indicated. Continued and chronic use of Tramadol is not medically necessary.