MAXIMUS Federal Services

Case Number:	CM15-0085244		
Date Assigned:	05/07/2015	Date of Injury:	04/11/2012
Decision Date:	06/12/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/04/2015

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, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 injured worker is a 43-year-old female who sustained an industrial injury on 04/11/2012. The injured worker was diagnosed with cervical disc syndrome, bilateral shoulder bursitis, right shoulder biceps tenosynovitis, lumbar disc syndrome, Grade I anterolisthesis of L5 over S1, sciatic neuritis and degenerative joint disease right knee. Treatment to date includes diagnostic testing, conservative measures, physical therapy, steroid injections and medications. According to the primary treating physician's progress report on October 13, 2014, the injured worker continues to experience neck, low back pain and right knee. The injured worker rates her neck pain at 5/10 with radiation into the right shoulder. The injured worker rates her low back pain level at 8/10 with radiation to the right buttock, right lower extremity and right ankle. Her right knee pain is 8/10 with a clicking sound. Examination noted a normal gait. Cervical spine evaluation noted mild to moderate tenderness to palpation over the right sternocleidomastoid, right upper trapezius, right scalenes and bilateral cervical paraspinal muscles with full range of motion and negative axial compression test. The lumbar spine noted mild to moderate tenderness to palpation over the lumbar paraspinal muscles with full range of motion and some pain with extension and negative straight leg raise bilaterally. Examination of the right knee showed tenderness to palpation over the medial and lateral joint line with full range of motion and positive McMurray's on internal and external rotation. The provider administered cortisone injections to the right shoulder and right knee at the office visit. Current medications are listed as Nabumetone, Naproxen and Omeprazole. Treatment plan consists of awaiting authorization for

psychiatric consultation, physical therapy; continue current medications along with the current request for Tramadol and Kera-Tek topical analgesic gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for tramadol, California Pain Medical Treatment Guidelines state that tramadol is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested tramadol is not medically necessary.

Kera-Tek analgesic gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 105, 111-113 of 127.

Decision rationale: Regarding the request for Kera-Tek, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. MTUS guidelines do not specifically mention methanol in the topical form. ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Within the documentation available for review, none of the abovementioned criteria has been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Kera-Tek is not medically necessary.