

Case Number:	CM15-0018460		
Date Assigned:	02/06/2015	Date of Injury:	01/24/2014
Decision Date:	03/30/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/30/2015

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, Ohio, 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 [REDACTED] beneficiary who has filed claim for chronic neck pain reportedly associated with an industrial electrocution injury of January 24, 2014. In a Utilization Review Report dated December 27, 2014, the claims administrator failed to approve request for a Keratek analgesic gel, Norco, and tramadol. The claims administrator referenced an RFA form received on December 23, 2014, in its determination. The applicant's attorney subsequently appealed. On October 18, 2014, the applicant apparently presented to emergency department with an acute laceration injury. The applicant was not using any medications as of that point in time, it was suggested. No other progress notes detailing in the applicant's usage of the medications at issue was incorporated into the independent medical review packet. The December 22, 2014 progress note seemingly made available to the claims administrator was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek Analgesic Gel 4oz (Topical Analgesic): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (s) 82-88, 119, 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatment.

Decision rationale: No, the request for Keratek analgesic gel was not medically necessary, medically appropriate, or indicated here. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of salicylate topical such as Keratek in the chronic pain context present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of his recommendations. Here, little-to-no information was provided. The December 26, 2014 progress note and December 23, 2014 RFA form was made available, the claims administrator stated were not incorporated into the independent medical review packet. No discussion of medication efficacy transpired insofar as the Keratek analgesic gel at issue was concerned. Therefore, the request was not medically necessary.

Norco (Hydrocodone/APAP) 10/325mg #90 (Opioid Analgesic): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (s) 82-88, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet™; Lorcet, Lortab; Margesic- H.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. While page 91 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Norco, a short-acting opioid, is indicated in the treatment of moderate-to-moderately severe pain, in this case, however, the December 26, 2014 progress note on which Norco was endorsed was not incorporated into the independent medical review packet. The presence of moderate-to-moderately severe pain, which would compel provision of Norco, was not established. Therefore, the request was not medically necessary.

Tramadol 50mg #90 (Narcotic): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20.

Decision rationale: Finally, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, tramadol is not recommended as a first-line oral analgesic. Here, as with the preceding request, December 26, 2014 progress note on which tramadol was endorsed was not incorporated into the independent medical review packet. The failure of first line agents and/or rationale for provision of tramadol was not established. Therefore, the request was not medically necessary.