

<b>Case Number:</b>	CM15-0115085		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	03/04/2011
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal 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 40-year-old female with a reported date of injury of 03/04/2011 due to a fall. The injured worker's symptoms/injuries at the time of the injury include cervical spine, left knee, left hip, and left foot pain. The cervical spine, left knee, left hip, and left foot pain was rated 7 out of 10. The diagnoses include post-traumatic moderate left knee osteoarthritis, left knee meniscal tear status post arthroscopy, cervical spine sprain/strain, cervical disc bulge, lumbar sprain/strain, lumbar disc degeneration, left shoulder sprain/strain, left hand sprain/strain, and left shoulder acromioclavicular degenerative changes. Treatments and evaluation to date have included a cane, oral medications, topical pain medication, an MRI of the left knee which showed chondromalacia patella, an MRI of the left shoulder, neck, and lumbar spine on 12/23/2011, acupuncture, pool therapy, cortisone injections in the left shoulder and left knee, Supartz injections into the left knee, and left knee surgery. Norco was prescribed since December 2014. On 02/19/2015, the injured worker was working modified duty. She complained of neck pain, rated 4-6 out of 10; left shoulder pain, rated 4-6 out of 10; low back pain, rated 5-7 out of 10; and left knee pain, rated 5-7 out of 10. She was prescribed Norco 10/325mg #90, one to two tablets by mouth every 6-8 hours for pain. The re-evaluation report dated 05/07/2015 indicates that the injured worker continued to have left knee pain, which was rated 8-9 out of 10, becoming 10 out of 10 with prolonged standing, walking, and going up or down stairs. It was noted that she took four Norco tables a day as needed. The pain was made better with rest and medications. The objective findings include loss of range of motion of the left knee. No other objective findings were documented. The treatment plan included the

request for Kera Tek since it had helped the injured worker significantly in the past. The treating physician requested Ultram 50mg #90, Norco 10/325mg #90, and Kera Tek gel 4 ounces. On 5/27/15, Utilization Review non-certified or modified requests for the items currently under Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Kera Tek gel (Methyl Salicylate/Menthol) 4oz: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylates Topicals, Topical Analgesics Page(s): 104, 111-113. Decision based on Non-MTUS Citation Up-To-date: camphor and menthol: drug information. In Up-To-Date, edited by Ted. W. Post, published by Up-To-Date in Waltham, MA, 2015.

**Decision rationale:** Kera Tek Gel contains methyl salicylate and menthol. The MTUS is silent with regards to menthol. It may be used for relief of dry, itchy skin. This agent carries warnings that it may cause serious burns. The MTUS states that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no evidence of the use of antidepressants and anticonvulsants as a first-line treatment. Therefore, the request for Kera Tek Gel is not medically necessary.

**Ultram (Tramadol) 50mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 74-96, 113.

**Decision rationale:** This injured worker has chronic multifocal pain. Opioid medication (norco) has been prescribed for at least five months. This request is consistent with an initial request for tramadol. Tramadol (ultram) is a centrally acting synthetic opioid analgesic which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. This injured worker has also been prescribed norco, another opioid. Tramadol may also produce life-threatening serotonin syndrome. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. The documentation does indicate that the injured worker has returned to work. However, specific functional goals, random drug testing, and opioid contract were not discussed. There is no evidence of significant pain relief or increased function from the opioids used to date. The pain assessment should

include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There was no evidence of improvement in function, and no documentation of the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; low long it takes for pain relief; and how long the pain relief lasts. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Norco (Hydrocodone/acetaminophen) 10/325mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. The documentation does indicate that the injured worker has returned to work. However, specific functional goals, random drug testing, and opioid contract were not discussed. There is no evidence of significant pain relief or increased function from the opioids used to date. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There was no evidence of improvement in function, and no documentation of the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; low long it takes for pain relief; and how long the pain relief lasts. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.