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| <b>Case Number:</b>   | CM13-0009081 |                              |            |
| <b>Date Assigned:</b> | 09/12/2013   | <b>Date of Injury:</b>       | 04/25/2010 |
| <b>Decision Date:</b> | 01/17/2014   | <b>UR Denial Date:</b>       | 07/11/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/09/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 56-year-old female who reported an injury on 04/25/2010. The patient is currently diagnosed with lumbar spine pain, moderate degenerative changes at L5-S1, pelvic pain with mild degenerative changes of the right hip, and bilateral knee pain with internal derangement. The patient was recently evaluated by [REDACTED] on 08/01/2013. The patient complained of 6/10 lumbar spine pain with constant radiation to the left lower extremity. Physical examination revealed 0 to 125 degree range of motion of the left knee with positive McMurray testing and no ligamentous laxity. Treatment recommendations included an MRI of the left knee, EMG/NCV studies of bilateral lower extremities, and continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol Ointment 20% 30gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidoderm.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111,113.

**Decision rationale:** The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the clinical notes submitted, there is no indication that this patient has failed a trial of oral medications prior to the initiation of a topical analgesic. As guidelines do not recommend tramadol in a topical formulation, the current request cannot be determined as medically appropriate. The patient was issued a prescription for topical tramadol on 06/25/2013. The patient then presented on 08/01/2013 with complaints of high levels of pain, radiation and tingling with numbness to the left lower extremity. Satisfactory response to treatment was not indicated. Therefore, continuation of this medication cannot be determined as medically appropriate. As such, the request is non-certified.

**Computerized range of motion and muscle testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment in Worker's Compensation, 7th Edition, current year (2009) On-Line Low Back Chapter, Flexibility.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89.92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Functional Improvement Measures

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state the first step in managing delayed recovery is to document the patient's current state of functional ability (including activities of daily living) and the recovery trajectory to date as a time line. A number of functional assessment tools are available, including functional capacity exams and videotapes. Official Disability Guidelines state functional improvement measures are recommended. As per the clinical notes submitted, the patient latest physical examination revealed only mildly limited range of motion. Documentation of a significant musculoskeletal deficit that may warrant the need for further functional assessment was not provided. The medical necessity for the request service has not been established. Therefore, the request is non-certified.