

<b>Case Number:</b>	CM13-0019500		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/19/2008
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	07/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/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 injured worker is a 68-year-old female who reported an injury on 05/19/2008. The mechanism of injury was not stated. Current diagnoses include displacement of cervical disc, postoperative bilateral wrist, probable posttraumatic insomnia, headache, postoperative bilateral elbow, hypertension, shoulder tenosynovitis and anxiety. The latest physician progress report submitted for this review is documented on 06/12/2013. The injured worker presented with complaints of pain over multiple areas of the body with decreased range of motion, spasm, numbness and weakness. Physical examination was not provided on that date. Treatment recommendations included acupuncture therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective usage of Tramadol Cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 111-113 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. There

is no frequency, strength or quantity listed in the current request. Therefore, the request is not medically appropriate. As such, the request is non-certified.