

Case Number:	CM13-0019831		
Date Assigned:	04/25/2014	Date of Injury:	09/01/2009
Decision Date:	09/16/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/03/2013

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 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 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 patient is a 46 year old male with date of injury 9/1/09 that occurred as a result of a cumulative trauma working in a warehouse. The treating physician report dated 6/5/13 indicates that the patient presents with chronic pain affecting the lower back with occasional radiation into the bilateral calves and affects his sleep. The physical examination findings reveal stiff limited lumbar range of motion, Straight Leg Raise is negative bilaterally, lower extremity reflexes are normal and slightly diminished sensation on examination in the left lower extremity and well as the right in the L5 distribution. The current diagnoses are L4/5 discopathy and lower extremity radiculitis, left greater than right. The utilization review report dated 8/20/13 denied the request for compound cream Tramadol/Acetyl-L 81 units based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND-TRAMADOL/ACETYL-L DAY SUPPLY: 27 QTY: 81 REFILLS: 00:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The patient presents with chronic pain affecting the lower back with some occasional radiation into the legs. The current request is for compound-Tramadol/Acetyl-l day supply: 27 qty: 81 refills: 00: The treating physician report dated 6/5/13 prescribed Anaprox and Omeprazole. There is nothing in the reports provided dated 6/5/13 and 1/10/13 prescribing the compounded topical cream containing Tramadol / Acetyl L quantity 81. The California MTUS guidelines do allow for topical analgesics that contain NSAIDS to be applied for short term usage to peripheral joints for the treatment of osteoarthritis and tendonitis and not for axial spinal pain. The current request is not supported as there is no documentation that the patient is intolerant to oral medications and there is not supporting documentation for a topical analgesic cream to be used for the patient's lower back pain with radicular pain. Therefore the request is not medically necessary.