

Case Number:	CM13-0020852		
Date Assigned:	12/10/2013	Date of Injury:	03/23/2009
Decision Date:	03/26/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	09/06/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, left knee, and left ankle pain reportedly associated with an industrial injury of March 23, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a utilization review report of July 25, 2013, the claims administrator denied a request for a topical compounded tramadol containing powder. The applicant's attorney subsequently appealed. In an earlier utilization review report of June 8, 2013, the claims administrator approved a request for Norco, Naprosyn, Flexeril, and Prilosec. In June 28, 2013 office visit, Norco, tramadol, and Prilosec were all refilled while the applicant was placed off of work, on total temporary disability with diagnoses of chronic low back, left ankle, and left knee pain. A functional capacity evaluation was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol powder compound 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are the first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." The applicant is described as using several oral agents, including Norco, tramadol, Flexeril, etc., without any reported difficulty, impediment, and/or impairment, effectively obviating the need for the topical compounded tramadol containing powder. Therefore, the request is retrospectively not certified.