

<b>Case Number:</b>	CM13-0046268		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/18/2012
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Occupation 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 represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, hip, and elbow pain reportedly associated with an industrial injury of July 18, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior shoulder surgery on April 15, 2013; topical compounds; and extensive periods of time off of work. In a Utilization Review Report of October 29, 2013, the claims administrator denied a request for topical compounds and oral tramadol, citing outdated MTUS Guidelines on definitions and non-MTUS ODG and Washington Guidelines. The applicant's attorney later appealed. In a later note of November 25, 2013, it appears that the applicant obtained extracorporeal shockwave therapy and seemingly remained off of work as of that that date. On October 17, 2013, it was stated. On October 17, 2013, it was stated that the applicant was off of work, stressed, and depressed. The applicant was on oral tramadol and various topical compounds, it was noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for Fluriflex topical cream 180gm:** Upheld

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

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

**Decision rationale:** One of the ingredients in the compound here is Flexeril, a muscle relaxant. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, however, muscle relaxant such as Flexeril is not recommended for topical compound formulation purposes. This results in the entire compound's carrying unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified.

**Decision for TGHOT Topical cream 180g:** Upheld

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

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as TG Hot compound here, which is, per the page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Accordingly, the request is likewise not certified.

**Decision for Tramadol (Ultram) 50mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved function and/or reduced pain effected as a result of ongoing opioid usage. In this case, however, it does not appear that the afformentioned criteria have been met. The applicant has failed to return to any form of work. There is likewise no evidence of improved function, appropriate analgesia and/or reduction in pain scores achieved as a result of ongoing tramadol usage. Therefore, the request is likewise not certified, on Independent Medical Review.