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| <b>Case Number:</b>   | CM13-0063384 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 02/18/2010 |
| <b>Decision Date:</b> | 04/11/2014   | <b>UR Denial Date:</b>       | 10/29/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/09/2013 |

### 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 Internal Medicine and Pulmonary Diseases 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 50-year-old male who reported an injury on 02/18/2010. The patient is currently diagnosed with lumbosacral spondylosis without myelopathy. The mechanism of injury was not stated. Request for authorization was submitted by [REDACTED] on 10/15/2013 regarding a tramadol compounded medication. There was no documentation of a physical examination on the requested date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THE REQUEST FOR TRAMADOL TRANSDERMAL CREAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113. Decision based on Non-MTUS Citation Effectiveness of topical administration of opioids in palliative care: a systematic review. B LeBon, G Zeppetella, IJ Higginson - Journal of Pain and Symptoms, 2009.

**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. California MTUS does not specifically address opioid analgesics and topical formulations. However, peer reviewed literature states that there is a deficiency of higher quality evidence on the role of topical opioids. There is no documentation of a physical examination on the requesting date of 10/15/2013. There is also no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received, the request is non-certified.