

Case Number:	CM13-0065448		
Date Assigned:	01/03/2014	Date of Injury:	11/18/2010
Decision Date:	04/17/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/13/2013

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 patient is a represented [REDACTED] employee who has filed a claim for chronic shoulder and neck pain reportedly associated with a slip and fall industrial contusion injury of November 18, 2010. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; topical compounds; and work restrictions. It does not appear that the applicant is working with limitations in place. In a utilization review report of November 26, 2013 the claims administrator denied a request for a Tramadol containing topical compound. The patient's attorney subsequently appealed. A clinical progress note of October 17, 2013 is notable for comments that the applicant reports ongoing neck and shoulder pain. The patient is status post shoulder surgery, it is acknowledged. She carries a diagnosis of adhesive capsulitis and an ancillary diagnosis of complex regional pain syndrome. Several medications were renewed, including Lipitor, Diovan, aspirin, Metformin, Glyburide, Lipitor, Flector patches, oral Tramadol and oral Desyrel. A Tramadol containing cream is endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Cream 10%: Upheld

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

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds, as a class, are deemed "largely experimental," to be used when trials of antidepressants and/or anticonvulsants fail. In this case, however, the applicant is described as using a first-line antidepressant medication, Desyrel, without any reported difficulty, impediment, and/or impairment, effectively obviating the need for the largely experimental tramadol containing cream. Therefore, the request is not certified, on independent medical review.