

Case Number:	CM13-0069333		
Date Assigned:	01/03/2014	Date of Injury:	11/17/2003
Decision Date:	08/08/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/30/2013

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 Orthopedic Surgery, 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:

This is a 40-year-old male with a vocational injury of 11/17/03. The claimant has subjective complaints of low back and right knee pain. On examination, the claimant was in mild distress and had difficulty with standing, rising from a seated position, and had an antalgic gait with bilateral lumbar and sacral tenderness as well as bilateral lumbar spasms. The claimant has previously had right knee and lumbar surgeries. The current request is for Tramadol topical cream 240 grams with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL TOPICAL CREAM 240 GM WITH 1 REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: California MTUS Chronic Pain Guidelines recommend that Topical Analgesics are considered largely experimental. Typically when topical analgesics are being considered, they are prescribed for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Documentation suggests that there are no subjective complaints or

physical exam objective findings consistent with neuropathic pain. Subsequently, the request for Tramadol Cream as a topical analgesic cannot be considered medically necessary.

1 TRANSPORTATION TO AND FROM MEDICAL VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NOT CLEAR.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: California ACOEM Guidelines note that to achieve functional recovery patients must resume certain responsibilities. It is important that the claimant stay active and increase activity to minimize disuse atrophy, aches, and musculoskeletal pain and to raise endorphin levels. Patients should adhere to exercise and medication regimens, keep appointments, and take responsibility for their moods and emotional states. They must work within their medical restrictions and refuse unreasonable requests by function over their limits in a way that could endanger their health or safety. Currently, California MTUS/ACOEM, Official Disability Guidelines, and similar evidence-based guidelines confirm that medical treatment does not include transportation to and from medical appointments as a medical service provided to the claimant for cure or relief of an industrial injury. Based on the documentation presented for review and in accordance with California ACOEM Guidelines, the request for transportation to and from medical appointments cannot be considered medically necessary.