

<b>Case Number:</b>	CM13-0072725		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	03/18/2011
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 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 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 represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic back pain, and leg pain reportedly associated with an industrial injury of March 18, 2011. Thus far, the patient has been treated with the following: Analgesic medications; topical compounds; epidural steroid injection therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated December 16, 2013, the claims administrator denied request for Ultram and a topical compounded Biotherm lotion. The patient's attorney subsequently appealed. In a clinical progress note dated February 28, 2013, the patient was described as using Biotherm cream at that point in time. A 20-pound lifting limitation was endorsed, which the attending provider stated that the patient's employer was unable to accommodate. In a progress note dated January 31, 2013, the patient was given a back support, Naprosyn, and the topical Biotherm agent. The patient was still described as using Naprosyn on April 18, 2013. The patient was again given refills of Ultram and Naprosyn on August 30, 2013. The patient was reporting reduction in pain levels from 3-4/10 to 0/10 with medications. The identical 20-pound lifting limitation was again endorsed. On October 11, 2013, the attending provider wrote that the patient's pain levels dropped from 8/10 to 4/10 with medications and further stated that the patient was encouraged to continue home exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ULTRAM (TRAMADOL) 50MG #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids For Chronic Pain Section Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Section, Page(s): 80.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, while it does not appear that the patient has returned to work, there is evidence that the patient's pain levels have dropped with ongoing tramadol usage, from 8/10 to 4/10 at one instance and from 3-4/10 to 0/10 in another instance. The patient is reportedly able to maintain performance of activities of daily living, including home exercises, reportedly as a result of tramadol therapy. Continuing the same, on balance, is indicated. The request for Ultram (Tramadol) 50mg, 120 count, is medically necessary and appropriate.

**BIO-THERM (MENTHYL,SALICYLATE 20% MENTHOL 10% CAPSACIN 0.002%) 4 OZ:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Agents Page(s): 121-122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Section Page(s): 28.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, capsaicin is considered an option only in patients who have not responded to or are intolerant to other treatments. In this case, however, the patient is described as tolerating two first-line oral pharmaceuticals, namely Naprosyn and tramadol, without any reported difficulty, impediment, or impairment. Ultram had been endorsed, above. The patient's successful usage of Naprosyn and tramadol effectively obviates the need for the capsaicin-containing topical compound. The request for Bio-Therm (menthyl,salicylate 20% menthol 10% capsaicin 0.002%) 4 oz is not medically necessary or appropriate.