

<b>Case Number:</b>	CM14-0000067		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	06/11/1996
<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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome and chronic low back pain reportedly associated with an industrial injury of June 11, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; earlier lumbar fusion surgery; a spinal cord stimulator; psychotropic medications; and epidural steroid injection therapy. In a Utilization Review Report of December 16, 2013, the claims administrator denied request for several topical compounded agents and also denied a request for oral tramadol. Tramadol was seemingly denied on the grounds that the attending provider was requesting both oral and topical tramadol and on the grounds that usage of tramadol was relatively contraindicated in applicants using antidepressants. The applicant's attorney subsequently appealed. A clinical progress note of December 30, 2013 was notable for comments that the applicant reports persistent low back pain, lower extremity pain, and headaches. The applicant is apparently using a spinal cord stimulator and is status post lumbar fusion surgery, it is stated. The applicant is using both short-acting Norco 10/325 four times daily and tramadol 50 mg up to four times daily, it was suggested, along with Effexor for depression and neuropathic pain, Desyrel for neuropathic pain, and topical Lidoderm patches. The applicant stated that usage of medications had ameliorated some levels of function, although her function was still suboptimal, it was stated. The applicant reported 10/10 pain with medications and 6-7/10 without medications. The applicant's case and care were complicated by diabetes, it was acknowledged. Multiple medications were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUNDED ANALGESIC RUBS KETOPROFEN/GABAPENTIN/LIDOCAINE:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

**Decision rationale:** As noted on pages 112 and 113 of the MTUS Chronic Pain Medical Treatment Guidelines, neither ketoprofen nor gabapentin are recommended for topical compound formulation purposes. Since one or more ingredients in the compound carry unfavorable recommendations, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**TRAMADOL 50MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management, Page(s): 78.

**Decision rationale:** As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. In this case, however, it was not clearly stated why the applicant was using two short-acting opioids, namely Norco and tramadol. No rationale for usage of two separate short-acting opioids is provided, particularly in light of the fact that the applicant was using a variety of analgesic and adjuvant medications in addition to Norco and tramadol. It is further noted that page 78 of the MTUS Chronic Pain Medical Treatment Guidelines suggests exercising caution and/or pursuing a psych consult in applicants in whom there is evidence of depression, anxiety, or irritability. In this case, the applicant does have longstanding mental health issues. Continuing opioid therapy with tramadol is not indicated, for all of the stated reasons. Request is not medically necessary.

**SECOND RUBS TRAMADOL/AMITRIPTYLINE/DEXTROMETHORPHAN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics..

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed largely experimental, to be employed only in applicants in whom antidepressants and/or anticonvulsants for neuropathic pain have been tried and/or failed. In this case, however, the applicant is reportedly using both Effexor and Desyrel for neuropathic pain, effectively obviating the need for the largely experimental topical compounded tramadol-amitriptyline-dextromethorphan agent. Therefore, the request is likewise not medically necessary,