

Case Number:	CM14-0016245		
Date Assigned:	04/11/2014	Date of Injury:	11/22/2010
Decision Date:	05/28/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine and rehabilitation, has a subspecialty in Pain Management, 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 53-year-old who was injured on November 22, 2010 from a slip and fall at work. He has been diagnosed with shoulder pain; shoulder sprain; AC arthritis; CTS; chronic pain syndrome; lumbar facet syndrome, lumbar sprain; deQuervains tenosynovitis; thumb pain; hand osteoarthritis. According to the December 20, 2013 report from [REDACTED], the patient presents with 6/10 pain in the back, right arm and hand. [REDACTED] wanted a trial of tramadol cream for the right thumb and wrist. On January 10, 2014 UR denied this.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDICATION - TRAMADOL CREAM 10%: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

Decision rationale: According to the December 20, 2013 report from [REDACTED], the patient presents with 6/10 pain in the back, right arm and hand. [REDACTED] wanted a trial of tramadol cream for the right thumb and wrist. The Chronic Pain Medical Treatment Guidelines states these are: "Primarily recommended for neuropathic pain when trials of antidepressants and

anticonvulsants have failed." The patient is report to have osteoarthritis of the hands as well as neuropathic pain from CTS. The records show the patient has tried trazodone, and Topamax. The request for compound medication - tramadol cream 10% is medically necessary and appropriate.