

<b>Case Number:</b>	CM14-0159338		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	11/22/2010
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 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:

According to the provided documents, this is a 61-year-old woman with the date of injury on 11/23/10. She was lifting a gate and fell and injured her hand. The disputed treatment being addressed is a transdermal cream containing tramadol 15%, dextromethorphan 10%, and capsaicin 0.025% which was addressed in a utilization review determination letter from 9/10/14. That letter indicated that this was addressed in a PR-2 from the provider from 8/20/14. There is an 8/20/14 prescription form that contains multiple medications. It indicates that the patient was given tramadol 37.5 mg/325 mg 2 bottles of 60 along with tizanidine 4 mg #60. There was also a standardized form that contained a list of a variety of transdermal preparations with an "x" besides the ingredients for the current preparation being addressed. A PR-2 from 8/20/14 documents complaints of bilateral shoulder, right hand, lower back and right ankle pain. Reportedly medications and transdermal creams are helping. The patient is getting PT for the right hand which is helping. Objective findings include tenderness and decreased range of motion in the right shoulder, lumbar spine and right ankle. Diagnoses are inflammatory process of the right shoulder with stiff shoulder syndrome; sprain/strain of left shoulder secondary to overuse syndrome of the right shoulder; status post fracture of the right ring and little finger; myoligamentous strain of the lumbar spine; sprain/strain of the right ankle. Treatment plan was for corticosteroid injection for the right shoulder, continue PT, continue present medications with mention of dispensing of the tramadol/acetaminophen and Zanaflex. Refill compounded transdermal cream tramadol 15%/dextromethorphan 10%/capsaicin 0.025%. The report says that they were dispensing a 3 day supply of the compounded cream and prescribing a 28 day supply of medication from the pharmacy. An MRI of lumbar spine and MR arthrogram of the right shoulder were being awaited. PR-2's from 7/9/14, 5/28/14, 4/14/14, 3/3/14, and 1/20/14 also mentioned prescription/provision of the same medications including the topical/transdermal.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Transdermal Cream Tramadol 15% Dextromethorphan 10% Capsaicin 0.025%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; section on chronic pain, subsection: medication-compound drugs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682492.html>

**Decision rationale:** This is a request for a topical/transdermal cream that contains tramadol which is an opioid analgesic and dextromethorphan. Dextromethorphan is not addressed by MTUS guidelines and according to the website above it is used to temporarily relieve cough caused by the common cold, flu and other conditions. It is in a class of medications called antitussives. Despite use of this topical medication for at least 7 months, there is no documentation of any objective functional improvement such as reduction in use of other medications, progress towards returning to regular work or decreased need for medical treatment. No other reports mention why this patient would require both an oral form of tramadol and a topical form of tramadol. None of the reports addressed why the patient would require topical medication that suppresses coughs as there is no indication this patient has a cough. MTUS guidelines state that any compounded medication that contains one ingredient that is not supported is not supported. Therefore based upon the evidence and the guidelines this topical/transdermal compound is not considered to be medically necessary.