

Case Number:	CM14-0172854		
Date Assigned:	10/23/2014	Date of Injury:	02/07/2005
Decision Date:	12/04/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/20/2014

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 & Rehabilitation and is licensed to practice in Texas & Ohio. 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 injured worker is a 37-year-old male who reported an injury on 02/07/2005. The mechanism of injury was the injured worker was loading a pressure washer into a truck when he felt low back pain. The injured worker was noted to undergo a right L4-5 laminectomy and discectomy on 06/11/2012. Other therapies included a prednisone taper and acupuncture as well as medications. The injured worker's current medications included Tramadol ER 150 mg twice a day, Mobic, Prilosec, and Norco 7.5/325 mg, as well as Ambien and topical medications. The documentation on 09/11/2014 revealed the injured worker had constant low back pain. The pain was radiating into the right buttock, right calf, right foot, right hip, and right toes, as well as right thigh. The injured worker had decreased range of motion in the cervical spine and lumbar spine. The injured worker had a Braggard's sign that was positive on the right. The straight leg raise was positive on the right. The strength tests revealed 4/5 strength in the left iliopsoas, quadriceps, hamstrings, foot extensors, and foot flexors. The diagnoses included lumbar displacement of the intervertebral disc without myelopathy and right sciatica. The physician documented the injured worker had a large herniated disc in the low back per MRI. A refill of medications was sought. There was a Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal Tramadol-20%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Tramadol Page(s): 111, 82. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA.gov

Decision rationale: The California MTUS guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety...topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. A thorough search of FDA gov. website did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation indicating a necessity for both a topical and oral form of Tramadol. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency and the quantity of medication being requested. The duration of use could not be established through supplied documentation. Given the above, the request for transdermal Tramadol 20% is not medically necessary.