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| <b>Case Number:</b>   | CM14-0173383 |                              |            |
| <b>Date Assigned:</b> | 10/24/2014   | <b>Date of Injury:</b>       | 11/25/2013 |
| <b>Decision Date:</b> | 12/26/2014   | <b>UR Denial Date:</b>       | 10/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 28 year old man who sustained a work-related injury on November 25 2013. Subsequently, the patient developed a chronic back pain. According to a progress report dated on September 8 2014, the patient was complaining of low back pain radiating to both lower extremities. The patient physical examination demonstrated lumbar tenderness with reduced range of motion. The patient lumbar MRI performed on June 11 2014 showed degenerative disc disease. The patient EMG/NCV performed on September 11 2014 was normal. The provider requested authorization for the following medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical compounded CM4-CAPS 0.05% + CYCLO 4% cream:** Upheld

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

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other

pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin is not recommended as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain in this patient. Therefore, the request for Prescription of topical compounded CM4-CAPS 0.05% + CYCLO 4% cream is not medically necessary.

**Tramadol ER (extended release) 150mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**Decision rationale:** According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>There is no objective documentation of pain severity level to justify the use of tramadol in this patient. What is no documentation of pain and functional improvement with previous use of tramadol which was started at least since July 2014. There is no documentation of compliance or the patient with her medications. There is no documentation of continuous monitoring of the patient for side effects of her medications. The patient pain was relatively well controlled with non-narcotic medications and the use of Tramadol is not justified. Therefore, the request for Tramadol ER (extended release) 150mg #30 is not medically necessary.