

Case Number:	CM14-0030339		
Date Assigned:	06/20/2014	Date of Injury:	01/30/1995
Decision Date:	09/17/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/10/2014

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 and is licensed to practice in Texas and 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 57-year-old male who reported an injury on 01/30/1995. The mechanism of injury was not provided with the documentation submitted for review. His diagnoses were noted to be chronic pain syndrome and depression. Prior treatments were noted to be medications. The subjective complaints were noted to be low back pain. The objective physical examination notes improved lumbar extension, slight gait kyphosis, and a bit of antalgic on the left. The treatment plan is for continuing medications. The rationale for the request is not noted. A Request for Authorization form was not provided with this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol Powder/Cream 30gm for DOS 1/16/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for retrospective tramadol powder/cream 30 gm, for date of service 01/16/2014 is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized

controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines do not recommend a topical form of tramadol. The clinical examination does not indicate a failed trial of antidepressants or anticonvulsants. In addition, the provider failed to indicate a dosage frequency. As such, the request for retrospective Tramadol powder/cream 30 gm, for date of service 01/16/2014 is not medically necessary and appropriate.