

Case Number:	CM14-0031164		
Date Assigned:	04/09/2014	Date of Injury:	07/18/2011
Decision Date:	05/28/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/29/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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:

The patient is a 49-year-old male with a date of injury of 07/18/2011. The listed diagnoses per the provider are: 1. Neck pain. 2. Thoracic pain. 3. Low back pain. 4. Leg pain. 5. Costovertebral osteoarthritis. 6. Thoracic vertebral fracture. 7. Lumbar mechanical pain. 8. Vertebral fracture - NOS closed. 9. Chronic pain. 10. Closed head injury. 11. Lumbar discogenic pain. 12. Lumbar strain or sprain. 13. Leg length discrepancy 14. Scoliosis. According to report dated 12/09/2013 by the provider, the patient presents with multifocal thoracic, head, right shoulder, and neck pain. The patient's pain is exacerbated particularly when he has to elevate his arms for any period of time. The patient's medication includes cyclo/gaba cream, diclofenac ER (extended release), Depakote 500 mg, hydrocodone, Protonix, Flurbiprofen cream, and recommendation for new prescription for Tramadol cream 10% \hat{A} ¹/₄ to \hat{A} ¹/₂ teaspoon to painful region up to 2 times daily as needed for pain. The patient is to start Tramadol cream for hypersensitivity over the shoulder and spine plus Flurbiprofen cream for anti-inflammatory action in the same region.

IMR ISSUES, DECISIONS AND RATIONALES

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

START TRAMADOL CREAM 10% 1/2 TEASPOON TO PAINFUL REGION UP TO 2 TIMES DAILY AS NEEDED FOR PAIN, 1 TUBE: Upheld

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

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

Decision rationale: This patient presents with continued back, neck, right shoulder, and head pain. The treating provider is requesting Tramadol cream 10% \hat{A} ¹/₄ to \hat{A} ¹/₂ teaspoon to be applied to the painful region up to 2 times daily. The MTUS guidelines have the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." The MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, Tramadol is not tested for transdermal use with any efficacy. The recommended compound topical cream is not medically necessary and the recommendation is for denial.