

<b>Case Number:</b>	CM14-0034234		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/14/2009
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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:

The patient is a 67 y/o female had a 7/14/09 date of injury. The patient's medical records reveal that she has chronic upper extremity pain involving the cervical down to the hand region. She has been diagnosed with a cervical radiculopathy, carpal tunnel syndrome, cubital tunnel syndrome and possible peripheral neuropathy. She has completed a pain/functional restoration program. She has been treated with multiple surgeries (carpal tunnel releases and cubital tunnel release), epidural injections, and oral analgesics (Norco and Gabapentin). There is a request for Tramadol 100 PA from a compounding pharmacy. There are no records to review that are supportive of this compounded Tramadol. The U.R. review states that it is a topical compound that was requested. The treating medical records sent for review do not mention it as a topical or compounded oral medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 100% PA #120 with no refills QTY: 120.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topicals Analgesics, page(s) 111 Page(s): 111.

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

**Decision rationale:** The lack of supportive medical leads to a conclusion that the Tramadol 100 (%) is not medically necessary. If a drug is not FDA approved for topical use it is not indicated. Tramadol is not FDA approved for this purpose. If the request is for a compounded oral Tramadol of 100mg, this is not medically necessary either. Immediate release Tramadol comes in a dose of 50 mg and there is no reason why this could not be increased in 50mg doses and not compounded. Therefore the request is not medically necessary.