

<b>Case Number:</b>	CM14-0034863		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/18/2007
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 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:

Injured worker is a male with date of injury 12/18/2007. Per primary treating physician's progress report dated 2/14/2014, the injured worker states that his blood pressure and blood sugar are not well controlled. He claims to take his medications as directed but admits eating a high salt and high sugar diet. He notes no change in his headaches while he reports improved left greata toe ocychomycosis and lumbar spine pain. His peripheral neuropathy in the bilateral lower extremities remains unchanged. He reports no changes to his acid reflux (controlled with medication), left sided facial neuralgia, cervical spine pain, bilateral knee pain and vision. He reports improved psychological complaints. On examination he is alert and oriented, pleasant and cooperative. Vitals are blood pressure 146/77, heart rate 69, blood glucose 170 mg (non-fasting without medication), height is 5 feet 9 inches, and weight 216 pounds. Medical provider was unable to visualize fundus on exam. Lungs are clear to auscultation with no rales or wheezes. Heart has regular rate and rhythm with S1 and S2, and no rubs, murmurs or gallops appreciated. Abdomen is soft, non-tender and non-distended with normative bowel sounds and no guarding. There is no clubbing or cyanosis. There is 1+ bilateral lower extremity pitting edema noted. Extremities examination of tenderness and range of motion is deferred to the appropriate specialist. His left foot great toe exhibits toenail growth with discharge through porous thickened nail with mild, malodorous, green/blue discoloration. Diagnoses include:

1. Status post gunshot wound to the left cheek/status post dental loss secondary to gunshot wound
2. Left sided facial neuralgia
3. Cervical spine MLSS
4. Lumbar spine MLSS
5. Bilateral knee sprain/strain
6. Post traumatic headache
7. Gastroesophageal reflux disease
8. Diabetes mellitus
9. Hypertension with left atrial enlargement
10. Hyperlipidemia, uncontrolled
11. Proteinuria, secondary to hypertension and diabetes
12. Sleep disorder, rule out obstructive sleep apnea
13. Anosmia
14. Peripheral neuropathy at bilateral lower extremities
15. Severe left great toe

onchomycosis 16. Psychological diagnosis 17. Diabetic retinopathy and/or hypertensive/arteriosclerotic retinopathy 18. Status post H. Pylori treatment.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Topical cream 240gm (Diclofenac 20%, Tramadol 20%): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section, Topical Analgesics section Page(s): 67-73, 111-113..

**Decision rationale:** The MTUS Guidelines recommend the use of NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Topical NSAIDs have been shown to be superior to placebo for the first two weeks of treatment for osteoarthritis but either not afterward, or with diminishing effect over another two week period. The injured worker's pain is not well characterized in the clinical documents, and NSAID use is also not well explained. The MTUS Guidelines state that tramadol is not recommended as a first-line oral analgesic. The MTUS Guidelines and the Official Disability Guidelines (ODG) do not address the use of Tramadol as a topical analgesic. A PubMed search for topical Tramadol only provides research for topical Tramadol in post-operative oral surgery and postoperative tonsillectomy. The use of topical analgesics are recommended by the MTUS Guidelines as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. For this compounded topical analgesic, topical Tramadol and topical Diclofenac are not recommended, so the entire compounded agent is not recommended. The request for topical cream 240gm (Diclofenac 20%, Tramadol 20%) is determined to not be medically necessary.