

<b>Case Number:</b>	CM14-0050604		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/10/2005
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 53 year old female who was being treated for TMJ disorder, backache and myalgias. The date of injury was 08/10/2005. The mechanism of injury is not given in the medical records provided for review. Her diagnoses included fibromyalgia syndrome, chronic TMJ syndrome and sleep disorder. She was seen by the Rheumatology consultant on 02/28/13. Her subjective complaints included total body pain, chronic fatigue, problem sleeping and morning gel phenomenon for minutes. She had continued lumbo-sacral pain. On examination, she had tenderness in lumbosacral paraspinal muscles. She was noted to not have new joint swelling and was noted to have a normal neurological examination. Diagnoses included myalgia and myositis, backache and TMJ disorder. The treatment plan included Voltaren, topical Tramadol, Therabenzaprine, Theratramadol, Nuvigil and Neurontin. A prescription was given for topical Flurbiprofen, Lido, Menthol, Camp, Tramadol and Dextrose. The note from April 2013 reports continued total body pain, chronic fatigue, problem sleeping, morning gel phenomenon and back pain. She reported that topical Tramadol was helping. She had lumbar and cervical tenderness. In June, 2013, she was noted to be working. She had low back pain with topical medications relieving the pain. In August 2013, she was continued on topical Tramadol. Therabenzaprine, Nuvigil and Theratramadol were discontinued. In November 2013, she was noted to not be working with a flare up of chronic fibromyalgia, myofascial pain syndrome and TMJ syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol cream:** 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** The employee was being treated for fibromyalgia syndrome, temporomandibular joint disorder and myofascial pain. The request was for topical Tramadol cream. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine their efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The employee didn't have neuropathic pain. Tramadol cream is not specifically addressed by the guidelines. But, it is a synthetic opioid. Recent literature indicates that there is not enough high quality evidence on the role of topical opioids for management of pain. Hence the request for Tramadol cream is not medically necessary or appropriate.