

<b>Case Number:</b>	CM14-0057589		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/17/2000
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 & Rehabilitation 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 58 year old man who injured his low back on 4/17/2000. He has been treated by PT, chiropractic, TENS, medications and surgery. The patient reportedly has flare-up and physical therapy is recommended. Physical examination was significant for weakness in the left great toe, absent bilateral reflexes, decreased lumbar range of motion in flexion, positive left SLR, and pain to palpation in the left SI joint. Medications- Norco, Prilosec and Gabapentin. Diagnoses: 1. Chronic low back sprain/strain 2. Left leg radiculopathy 3. Left testicular pain secondary to chronic low back strain/sprain 4. staus post lumbar L5-S1 laminotomy, and discectomy 5. lumbosacral myofascial pain. Request was made for topical Tramdex that was denied because the ingredients were not recognized. PT was also requested for treatment of flare-up that was denied because the patient was not having a flare-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramdex #120 gm:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics, compounded.

**Decision rationale:** The request is for Tramadex, a compounded topical analgesic made of Amitriptyline, Detromethorphan and Tramadol. The patient fits the criteria for the use of topical analgesics. He has trouble tolerating oral medications. He has been tried on different oral medications and is on a combination that works for him. None of the ingredients in Tramadex are recommended for use by CA MTUS or ODG. As stated in both guidelines, any compounded product that contains at least one drug class that is not recommended is not recommended. Therefore, the request is not medically necessary.

**6 physical therapy sessions:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**Decision rationale:** The patient presents with a history of chronic low back pain since a work injury on 4/17/2000. He has received surgery with little improvement of his condition. He visits his PTP every month for either a medication refill or treatment of a flare-up. The patient seems to be having a flare-up each month that he visits his PTP. Although, it seems that PT is requested repeatedly because it was denied repeatedly. According to the June 2014 note, his last flare-up was February 2014. The PTP's frequent requests for PT create the impression that the patient is in need of monthly treatment. Perhaps a different request strategy would alleviate his problems with UR. CA MTUS and ODG are not clear on the maximum yearly visits for treatment of chronic pain. The number of visits stated in the guidelines do not indicate if these numbers are a yearly maximum or for each flare-up. The purpose of the IMR is to determine if the patient's needs fit the guidelines. The number of treatments are within guidelines. Therefore, the request is medically necessary.