

Case Number:	CM14-0061130		
Date Assigned:	07/09/2014	Date of Injury:	07/24/2006
Decision Date:	08/26/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/02/2014

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 claimant was injured on 07/24/06. Tramadol cream is under review. He has a diagnosis of lumbar disc disease at several levels. He reportedly injured his back while moving a cart. He is status post epidural steroid injection, laminectomy in 2007, selective nerve root blocks, and bilateral laminectomies, facetectomy, foraminotomy, decompression L2-4 with repeat laminectomy and discectomy at L5-S1, instrumentation and fusion. He had findings on an MRI in May 2013. EMG/nerve conduction studies in March 2013 revealed chronic right L5-S1 radiculopathy. He still has moderate to severe constant low back pain. His activities are limited. He also saw [REDACTED], neurosurgeon on 11/22/13. He was given a refill of Percocet. There were some inconsistencies on a drug screen dated 03/20/14 with the presence of cyclobenzaprine and the absence of hydrocodone. He saw [REDACTED] on 03/20/14 for follow-up. He was prescribed refills of Norco, Flexeril, Anaprox, and Prilosec and PT and tramadol cream were requested. A drug screen was done on 04/25/14. Benzodiazepines were found which was not expected with his prescribed medications. There were opioids and that was consistent. On 05/02/14, he attended rehabilitation. He also had a history of a recent humeral fracture on the right side. He complained of low back and right leg pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Cream 20% 30grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The history and documentation do not objectively support the request for Tramadol 20% 30 grams. The CA MTUS p. 111-113 state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant received refills of several other oral medications, also, with no evidence documented of intolerance or lack of effect. The anticipated benefit to the claimant for his moderate to severe chronic pain, over and above his oral medications, is unclear. The medical necessity of this request for topical tramadol has not been demonstrated. The request is not medically necessary.