

Case Number:	CM14-0074190		
Date Assigned:	07/16/2014	Date of Injury:	01/10/2006
Decision Date:	08/14/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 is a 63 year old female presenting with bilateral knee pain following a work related injury on 01/10/06. The claimant is status post left knee arthroscopic surgery in 2/2013. The claimant has undergone an 8 year course of treatment including medications, activity restrictions, physical therapy, left knee arthroscopy and other modalities. The claimant continues to complain of bilateral knee pain and swelling. She has tried Relafen with side effects and does better with Motrin. According to the medical records, the claimant is disabled. On 4/15/2014, the physical exam was unchanged. The provider recommended Tramadol compounded cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 2% 120g, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Opioids Page(s): 111-112,79.

Decision rationale: According to California MTUS, 2009, chronic pain, page 111, California MTUS guidelines does not cover topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that

contains at least one drug or drug class that is not recommended, is not recommended. Additionally, CA MTUS page 111 states that topical analgesics are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED). Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. Per CA MTUS, topical analgesic compound with Tramadol is not recommended for non-neuropathic pain. Therefore, the request is not medically necessary.