

<b>Case Number:</b>	CM14-0086399		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/08/2008
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of July 8, 2006. A utilization review determination dated June 3, 2014 recommends non-certification of Tramadol HCl 100% PA. A progress note dated May 13, 2014 identifies subjective complaints of pain rated as 8/10 in the lumbar spine. The patient also has moderate to severe pain in the knees bilaterally. Physical examination findings reveal limited range of motion in the lumbar spine. Diagnoses include cervical disc herniation, bilateral shoulder impingement, lateral epicondylitis, carpal tunnel syndrome, and lumbar disc desiccation status post L3-5 lumbar interbody fusion. The treatment plan recommends trigger point injections, total knee arthroplasty, physical therapy, and topical creams containing Lidocaine, Cyclobenzaprine, and Tramadol. Additionally, aquatic therapy is recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 100% PA Quantity 240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDS Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-79, 111-113.

**Decision rationale:** Regarding the request for topical Ultram, California Pain Medical Treatment Guidelines state that Ultram is a short acting opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Regarding topical compounds, Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the documentation available for review, there is no indication that the patient has neuropathic pain and has failed trials of antidepressants and anticonvulsants. Additionally, there is no indication as to why topical tramadol would be recommended as opposed to the FDA approved oral form. Finally, the requesting physician has not provided any peer-reviewed scientific literature supporting the use of topical tramadol for the treatment of any of his patient's diagnoses. In the absence of clarity regarding those issues, the currently requested tramadol HCl 100% is not medically necessary.