

Case Number:	CM14-0105558		
Date Assigned:	08/06/2014	Date of Injury:	04/29/2008
Decision Date:	07/08/2015	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 61 year old male who sustained an industrial injury on 04/29/08. Initial complaints and diagnoses are not available. Treatments to date include medications, acupuncture, physical therapy, and 8 surgeries. Diagnostic studies include a MRI of the cervical spine that is not available for review. Current complaints include neck pain. Current diagnoses include cervical stenosis, cervical radiculopathy, and degenerative disc of the cervical spine. In a progress note dated 04/28/14 the treating provider reports the plan of care as medications including naproxen, tramadol, omeprazole, and Terocin patches, as well as an interlaminar epidural steroid injection at C3-6. The requested treatments include is Fluribiprofen/tramadol cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Tramadol 20% 210gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic creams Page(s): 111-113.

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

Decision rationale: The patient was injured on 04/29/2008 and presents with neck pain. The request is for FLURBIPROFEN 20%, TRAMADOL 20% 210 G. There is no RFA provided and the patient is on "TPD x 8 weeks, no pushing, pulling, lifting. Avoid bending, stooping, squatting." MTUS has the following regarding topical creams (page 111, chronic pain section), "Topical analgesics: Nonsteroidal antiinflammatory agents (NSAIDs): The efficacy and clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Flurbiprofen is an NSAID indicated for peripheral joint arthritis/tendinitis. MTUS Guidelines page 111 also has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." There is no support for tramadol as a topical compound. There is lack of evidence that topical tramadol can help chronic pain. The patient has tenderness to palpation in his cervical spine, tenderness to palpation of the bilateral trapezius with active spasm, decreased cervical spine range of motion, decreased sensation in bilateral C5, C6, and C7 dermatomes, a positive Spurling's test bilaterally with radiating symptoms to his shoulder blade and to the tip of his shoulders, and a positive Lhermitte's test on the left. He is diagnosed with cervical radiculopathy, cervical stenosis, and degenerative disk disease of the cervical spine. MTUS states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, tramadol is not supported in topical formulation. Furthermore, the patient does not present with arthritis/tendinitis as indicated for flurbiprofen by MTUS Guidelines. The requested compounded medication IS NOT medically necessary.