

Case Number:	CM14-0190769		
Date Assigned:	11/24/2014	Date of Injury:	01/27/2005
Decision Date:	01/16/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/14/2014

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 Medicine and Acupuncture, 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 is a 64 year old female with a date of injury of 1/27/2005. She has experienced neck pain and spasms. She has been treated with medication management and has had multiple cervical spine surgeries including multilevel fusion. Motion of the neck was painful and caused crepitation. She was advised to pursue a home exercise program. It is not noted in the records available for my review whether she has been treated with physical therapy or injection management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 100% PA qty:240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topicals Page(s): 111.

Decision rationale: The MTUS does not discuss topical Tramadol specifically. Aforementioned citation notes that topical analgesics, with specific exceptions, 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. These agents

are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents." The injured worker likely has neuropathic pain. However, since the injured worker does not have cutaneous neuropathic pain, nor is there any indication of any failure of systemic Tramadol, the request is not medically necessary. The injured worker likely has neuropathic pain. However, since the injured worker does not have cutaneous neuropathic pain, nor is there any indication of any failure of systemic tramadol, the request is not medically necessary.