

Case Number:	CM14-0207525		
Date Assigned:	12/19/2014	Date of Injury:	10/22/2012
Decision Date:	02/09/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/11/2014

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 Rehab 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 patient sustained an injury on 10/22/12 while employed by the [REDACTED]. Request(s) under consideration include Topical Tramadol Cream 240 gm + 1 refill Quantity: 2.00. Diagnoses include s/p right knee arthroscopy with partial medial meniscectomy, synovectomy and chondroplasty on 9/2/14. Conservative care has included medications, therapy, and modified activities/rest. Report of 11/26/14 from the provider noted the patient with chronic ongoing right knee pain rated at 7/10, constant in nature; patient is continuing in physical therapy. Previous medications of Norco and Tylenol #3 will be discontinued per advice from internal medicine. Treatment included Tramadol 50 mg oral formulation which was approved and Tramadol topical cream. The patient remained temporarily totally disabled. The request(s) for Topical Tramadol Cream 240 gm + 1 refill Quantity: 2.00 was non-certified on 12/9/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Cream 240 gm + 1 refill Quantity: 2.00: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2012 without documented functional improvement from treatment already rendered. Additionally, there are no evidenced-based studies to indicate efficacy of topical opioid Tramadol over oral delivery with concurrent prescription for Tramadol in both formulation. The Topical Tramadol Cream 240 gm + 1 refill Quantity: 2.00 is not medically necessary and appropriate.