

<b>Case Number:</b>	CM14-0072379		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/29/2013
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Acupuncture & Pain Medicine 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:

30y/o male injured worker with date of injury 8/29/13 with related low back, left shoulder, wrist and hand pain. Per progress report dated 2/3/14, the injured worker noted that he could not participate in normal daily activities. Per physical exam, there was paraspinous tenderness that radiated to the lumbosacral area at L4 and L5, range of motion was decreased. Straight leg raise produced back pain at 20 degrees bilaterally. Treatment to date has included physical therapy and medication management. The date of UR decision was 5/1/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 25%, Tramadol 15%, 240gm x 2 refills:** Upheld

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

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

**Decision rationale:** With regard to topical diclofenac sodium, the MTUS states: "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." The CA MTUS, Official Disability Guidelines (ODG), National Guidelines Clearinghouse, and

ACOEM provide no evidence-based recommendations regarding the topical application of tramadol. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". On page 111 of the MTUS guidelines states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Regarding the use of multiple medications, on page 60 of the MTUS guidelines states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." As such, based on the medical records reviewed and the guidelines, this request is not medically necessary.