

<b>Case Number:</b>	CM15-0005864		
<b>Date Assigned:</b>	01/20/2015	<b>Date of Injury:</b>	09/18/2006
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 54 year old male who sustained an industrial injury on September 18, 2006. He has reported left hand and wrist discomfort and has been diagnosed with pain, left wrist, crush injury, left wrist, chronic neck pain, and cervical radiculopathy. Treatment to date has included conservative therapy. Currently the injured worker complains of left hand and left wrist symptoms. The treatment plan included medications. Per the doctor's note dated 11/13/14 patient had complaints of left hand and wrist pain at 7/10 Physical examination of the left hand and wrist revealed limited range of motion, 5/5 strength and decreased sensation. The medication list include Tramadol and Pamelor

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol/APAP 37.5/325mg quantity 90 with 1 refill:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009), Page 75 Central acting analgesics: Page 82 Opioids for neuropathic.

**Decision rationale:** Request: Tramadol/APAP 37.5/325mg quantity 90 with 1 refill. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. He has reported left hand and wrist discomfort and has been diagnosed with pain, left wrist, crush, left wrist, chronic neck pain, and cervical radiculopathy. Per the doctor's note dated 11/13/14 patient had complaints of left hand and wrist pain at 7/10 Physical examination of the left hand and wrist revealed limited range of motion, and decreased sensation. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Tramadol/APAP 37.5/325mg quantity 90 with 1 refill is deemed as medically appropriate and necessary.

**CM4-caps 0.05%, Cyclo 4% quantity 1 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, Topical Analgesics. Page(s): pages 111-112.

**Decision rationale:** Request: CM4-caps 0.05%, Cyclo 4% quantity 1 with 1 refill. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. Cyclobenzaprine is a muscle relaxant. Per the cited guidelines, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Cyclobenzaprine and Capsaicin are not recommended by MTUS. The

medical necessity of the medication caps 0.05%, Cyclo 4% quantity 1 with 1 refill is not fully established in this patient.