

<b>Case Number:</b>	CM15-0006513		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	05/17/2013
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/01/2015
<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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 44 year old female, who sustained an industrial injury on 5/17/2013. The diagnoses have included neuralgia/neuritis, lumbar degenerative disc disease, lumbar radiculopathy, lumbar post laminectomy syndrome, and central stenosis with disc herniation. Treatment to date has included left sided hemilaminotomy L4-L5 (5/22/2014), activity modification, physical therapy and medications. Currently, the IW complains of continued shooting, throbbing back pain with radiation down the left leg. The symptom is alleviated by medication and exacerbated by physical activity. There is swelling and slight foot drop with prolonged standing and walking. Objective findings included tenderness to the right lower lumbar paraspinal muscles with decreased range of motion. Straight leg raise was positive in the right while sitting. On 01/01/2015, Utilization Review non-certified a request for 1 prescription of compound topical dispensing (Tramdex, Trampac) and 1 appointment with specialist noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The ODG was cited. On 1/12/2015, the injured worker submitted an application for IMR for review of 1 prescription of compound topical dispensing (Tramdex, Trampac) and 1 appointment with specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of compound topical dispensing (Tramdex, Trampac): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26, Page 111.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. One prescription of compound topical dispensing (Tramdex, Trampac) is not medically necessary.