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| <b>Case Number:</b>   | CM15-0100383 |                              |            |
| <b>Date Assigned:</b> | 06/02/2015   | <b>Date of Injury:</b>       | 09/17/2013 |
| <b>Decision Date:</b> | 07/09/2015   | <b>UR Denial Date:</b>       | 05/08/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/26/2015 |

### 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, New York, 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 applicant is a represented 58-year-old who has filed a claim for chronic hand, shoulder, knee, and finger pain with derivative complaints of anxiety and depression reportedly associated with an industrial injury of September 17, 2013. In a Utilization Review report dated May 8, 2015, the claims administrator failed to approve requests for tramadol and two separate topical compounded medications. The claims administrator referenced a RFA form and associated progress note of April 22, 2015 in its determination. The applicant's attorney subsequently appealed. A medical legal evaluator suggested on April 3, 2015 that the applicant was working despite multifocal complaints of neck, hand, wrist, shoulder, knee, and foot pain. The applicant apparently maintained that she had not locked any time from work despite her various and sundry pain complaints and despite her derivative complaints of psychological stress. The medical legal evaluator noted that the applicant's ability to stand, walk, kneel, squat, and lift have all been constrained secondary to pain complaints. The medical legal evaluator did not state whether the applicant's medications were or were not beneficial. In a progress note dated April 22, 2015, the applicant was returned to regular duty work. Multifocal complaints of 5-8/10 knee, foot, ankle, hand, wrist, shoulder, neck, and low back pain were reported, along with derivative complaints of depression, anxiety, insomnia, and psychological stress. Tramadol and several topical compounded medications were endorsed while the applicant was returned to regular duty work. The medications were renewed without any seeming discussion of medication efficacy. In an earlier note of February 24, 2015, the applicant again reported multifocal complaints of 2-8/10 neck, hand, wrist, foot, shoulder, and low back pain, exacerbated by standing, walking, gripping, grasping, squeezing, and cold weather. Tramadol and topical compounded medications were again renewed, without any seeming discussion of

medication efficacy. The applicant, once again, was returned to regular duty work.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Tramadol ER 100 MG #45: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, while the applicant had returned to regular duty work, the attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing tramadol usage. Rather, both the applicant's attending provider and a medical-legal evaluator reported on multiple notes of early 2015, referenced above, that the applicant was having difficulty performing activities of daily living to include sitting, standing, walking, kneeling, squatting, lifting, and the like. Neither the applicant's treating provider nor the applicant's medical-legal evaluator explicitly stated that ongoing usage of tramadol was or not beneficial. Neither the applicant's treating provider nor the medical-legal evaluator outlined specific functions or functionalities, which had been ameliorated as a result of ongoing medication consumption. Therefore, the request was not medically necessary.

#### **Gabapentin 10 Percent/Amitriptyline 10 Percent/Bupivacaine in Cream Base and Flurbiprofen 20 Percent/Baclofen 5 Percent/Dexamethasone 2 Percent/Menthol 2 Percent/Camphor 2 Percent/Capsaicin .025 Percent in Cream Base 180 Grams: Upheld**

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

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

**Decision rationale:** Similarly, the request for a gabapentin containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not

recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Flurbiprofen 20 Percent/Baclofen 5 Percent/Dexamethasone 2 Percent/Menthol 2 Percent/Camphor 2 Percent/Capsaicin .025 Percent in Cream Base and Gabapentin 10 Percent/Tramadol 20 Percent/Lidocaine 5 Percent in Mediderm Base 180 Grams: Upheld**

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

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

**Decision rationale:** Similarly, the request for a flurbiprofen-baclofen-dexamethasone compound and a gabapentin-tramadol containing compound were likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, the secondary ingredient in the first compound, is not recommended for topical compound formulation purposes. Similarly, gabapentin, the primary ingredient in the second compound, is likewise not recommended for topical compound formulation purposes. Since one or more ingredients in each compound are not recommended, the entire compounds are not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.