

Case Number:	CM15-0020170		
Date Assigned:	02/09/2015	Date of Injury:	11/20/2006
Decision Date:	03/31/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/03/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 48-year-old female, who sustained an industrial injury on November 20, 2006. The diagnoses have included complex regional pain syndrome of bilateral hands, overuse syndrome of the right hand, cervical spine sprain/strain, possible cervical radiculopathy, and right shoulder joint arthropathy. The 2011 MRI of the cervical spine showed C6-C7 disc bulge. On August 4, 2014, the treating physician noted continuous neck pain that radiates to bilateral forearms, hands, and fingers. Associated symptoms included headaches, dizziness, loss of memory, and difficulty concentrating due to the neck pain. The physical exam revealed tenderness to palpation of the paraspinal muscles, restricted and painful Rom, decreased sensation to light touch of the cervical spine, and unable to perform heel and toe walk. Current medications included Norco and non-steroidal anti-inflammatory. The treatment plan included topical pain cream, proton pump inhibitor, muscle relaxant, non-steroidal anti-inflammatory medications and Norco. On January 12, 2015 Utilization Review non-certified a retrospective prescription for Tramadol/Propylene Glycol (compound cream) (DOS: 10/6/14), noting the lack of documentation of the patient being intolerant of first-line therapy of antidepressants and anticonvulsants. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol / Propylene Glycol (compound cream DOS: 10/06/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Analgesic Dose; Tramadol (Ultram) Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical compound products

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathy when treatment with first line anticonvulsant and antidepressant medications have failed. The recommended second line medication is plain lidocaine as Lidoderm formulation. The records did not indicate that the patient failed treatment with first line medications. The guidelines recommend that topical products be tried and evaluated individually to monitor efficacy. There is lack of guidelines or FDA support for the utilization of Tramadol in topical formulation. The patient is utilizing oral opioids concurrently. The criteria for the Retrospective use of Tramadol / Propylene Glycol (compound cream DOS: 10/06/2014) was not met.