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| Case Number: | CM15-0020203 | | |
| Date Assigned: | 02/09/2015 | Date of Injury: | 08/06/2013 |
| Decision Date: | 03/31/2015 | UR Denial Date: | 01/13/2015 |
| 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 57 year old female, who sustained an industrial injury on August 6, 2013. She has reported pain in the sacroiliac joint, left ankle pain, bilateral wrist pain, tingling and numbness, mood disorder and sleep disturbances. The diagnoses have included sacroiliac joint pain, possible carpal tunnel versus tenosynovitis, status post left ankle loose body resection, left petelofemoral syndrome and right sacral joint pain. The investigations done are to date included radiographic imaging and diagnostic studies. The X-Ray of the lumbar spine showed degenerative disc disease. The treatment include surgical intervention of the left ankle, conservative therapies, pain medications and work duty modifications. Currently, the IW complains of the sacroiliac joint, left ankle pain, bilateral wrist pain, tingling and numbness, mood disorder and sleep disturbances. The injured worker reported an industrial injury in 2013, resulting in the above described pain. She failed conservative therapies and required surgical intervention of the left ankle. She was treated with physical therapy and pain medications post-operatively however the pain is persistent. On December 22, 2014, evaluation revealed continued pain. The pain score was reported as 8-10/10 on a scale of 0 to 10. After a nerve conduction study of bilateral wrists was requested, Tramadex cream was ordered and the ibuprofen was stopped secondary to abdominal pain. The medications listed are Norco, Soma, Tylenol with Codeine and compound cream Tramadex. On January 13, 2015, Utilization Review non-certified a request for compound cream, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 24, 2015, the injured worker submitted an application for IMR for review of requested compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream: Tramadex: Upheld

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

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 Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line oral anticonvulsant and antidepressant medications have failed. The records did not indicate subjective or objective findings consistent with a diagnoses of localized neuropathic pain such as CRPS. The patient was diagnosed with skeletal pain located in many joints. The guidelines recommend that chronic pain patients with psychosomatic disorders be treated with antidepressant with analgesic effects. The Tramadex compound cream was stated to contain Tramadol, Amitriptyline and Dextromethophan. There is lack of FDA or guidelines support for the use of topical formulations of Tramadol, Amitriptyline or Dextromethophan. The criteria for the use of Tramadex compound cream was not met.