

<b>Case Number:</b>	CM15-0023531		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	11/20/2008
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 48 year old female, who sustained an industrial injury on November 20, 2008. She has reported neck pain radiating to the bilateral arms, hands and fingers, lower back pain and stiffness and headaches. The diagnoses have included chronic regional pain syndrome of the bilateral hands, overuse syndrome of the right hand, cervical spine strain/sprain, possible cervical spine radiculopathy, right shoulder arthropathy, insomnia, and depression. Treatment to date has included medications, surgery, and imaging studies. A progress note dated August 4, 2014 indicates a chief complaint of continued neck pain with radiation to the bilateral arms, hands and fingers, headache, dizziness, memory loss, concentration difficulties, cervical and lumbar spine stiffness and bilateral arm and leg stiffness. Physical examination showed decreased range of motion of the cervical spine, back tenderness to palpation, and decreased sensation to light touch. The treating physician is retrospectively requesting a prescription for Tramadol/Propylene Glycol compound cream. On January 12, 2015 Utilization Review denied the request citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS 10/6/14) Tradmadol/Propylene Glyco (compound cream): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) is a centrally acting synthetic opioid analgeic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical tramadol in propylene glycol retrospective October 6, 2014 was not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the injured worker's working diagnosis are complex regional pain syndrome right hand; complex regional pain syndrome left hand; overuse syndrome right hand; cervical spine sprain/strain syndrome; possible cervical radiculopathy; right shoulder joint arthropathy; insomnia; and depression. The most recent progress note in the medical record is dated August 4, 2014. There are no antidepressants or anticonvulsants (AEDs) for first-line treatment in the medical record. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, topical analgesics are largely experimental with few control trials to determine efficacy and safety. Consequently, pursuant to guideline recommendations, Tramadol in propylene glycol (topical) retrospective October 6, 2014 was not medically necessary.