

<b>Case Number:</b>	CM15-0215008		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	05/04/2010
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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: Emergency 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:

This is a 68 year old male with a date of injury of May 4, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for cervical degenerative disc disease and spondylosis, lumbar degenerative disc disease and spondylosis, and shoulder osteoarthritis. Medical records dated August 4, 2015 indicate that the injured worker complained of right shoulder pain rated at a level of 7 out of 10, neck pain rated at a level of 7 out of 10 radiating to the bilateral upper extremities, and lower back pain rated at a level of 7 out of 10. Records also indicate that the injured worker is able to sleep using Vicodin and able to work using Tramadol. A progress note dated October 8, 2015 documented complaints similar to those reported on August 4, 2015. The physical exam dated August 4, 2015 reveals decreased range of motion of the cervical spine, paracervical tenderness, decreased range of motion of the right shoulder, tenderness to palpation of the right shoulder, decreased range of motion of the left shoulders, decreased motor strength of the left upper extremity, and decreased range of motion of the lumbar spine. The progress note dated October 8, 2015 documented a physical examination that showed no changes since the examination performed on August 4, 2015. Treatment has included medications (Vicodin and Tramadol since at least May of 2015; Ketoprofen-Diclofenac-Gabapentin-Lidocaine compound cream since April of 2015; Lidocaine-Menthol compound spray since May of 2015), and physical therapy. The treating physician documented that the urine drug screen dated June 16, 2015 showed results consistent with the injured worker's prescribed medications. The utilization review (October 9, 2015) non-certified a request for Tramadol HCL 50mg #60, Ketoprofen 10%, Diclofenac 10, Gabapentin 10%, Lidocaine 5% -

Topical Analgesic Therapy Medication #240 gm, and Lidocaine 4.0%, Menthol 1.0% Compound Spray #4 oz.

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

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

**Tramadol Hcl 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** Tramadol/ Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails to meet the appropriate documentation required by MTUS. There is some subjective improvement in pain and function documented. However, recent UDS is negative for tramadol. Patient is already on Vicodin and is unclear why patient is on 2 short acting opioids. Criteria are not met, not medically necessary.

**Lidocaine 4.0%, Menthol 1.0% Compound Spray #4 Oz; Ketoprofen 10%, Diclofenac 10, Gabapentin 10%, Lidocaine 5% - Topical Analgesic Therapy Medication #240 Gm:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** This request involves 2 non-FDA approved compounded substances. A compounded spray contains Lidocaine, which is not medically necessary. FDA approved topical Lidocaine is Lidoderm. Lidocaine may only be considered after failure of 1st line medications. There is no documentation of failure. There is no indication to make up an unapproved compounded spray for unknown reason. Guidelines recommend FDA approved medications. Topical cream contains multiple ingredients. As per MTUS guidelines, if even 1 ingredient is considered not necessary then the entire compounded substance is not recommended. This item contains Ketoprofen and Diclofenac, both of which are NSAIDs. It is unclear why 2 NSAIDs are needed in 1 topical product leading to high risk of toxicity. Gabapentin is not FDA approved for topical application and is not recommended. Lidocaine as already mentioned is not recommended. It is unclear why Non-FDA approved topical products with unknown safety and contains similar class and similar medications were ordered. These medications have a high risk for side effects and overdose. Not medically necessary.

