

<b>Case Number:</b>	CM15-0046296		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	08/05/2002
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 73-year-old female, who sustained an industrial injury on August 5, 2002. She reported injuries sustained following a motor vehicle accident. The injured worker was diagnosed as having cervical and lumbar degenerative disc disease, cervical and lumbar radiculopathy, cervical facet arthropathy, L4-L5 disc herniation, right shoulder impingement and right knee degenerative joint disease. Treatment to date has included C4-5 and C5-6 anterior interbody fusion, acupuncture, medications, ice/heat therapy, right L4 and L5 selective nerve root block, C3 and C4 medial branch radiofrequency ablation, physical therapy, trigger point injections, home exercise program and occupational therapy. Currently, the injured worker complains of pain in the lower back, right lower extremity, neck pain and headaches. The injured worker had L4 and L5 selective nerve root blocks on December 8, 2014, which provided greater than 75% improvement with back and right lower extremity pain for the four weeks. She underwent C3 and C4 medial branch radio frequency nerve block on 5/7/2014 and reported 80% improvement in her neck pain and headaches. She reports that her pain is returning down her right leg, headaches, and shoulder pain. She reports that trigger point injections, Toradol, acupuncture and occupational therapy have provided improvements with her pain. Her treatment plan includes trigger point injections, compounded medications, and Toradol injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Tramadol 15% cream with dates of service 12/22/2014 and 01/08/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Barkin RL. The pharmacology of topical analgesics, Postgrad Med. 2013 Jul; 125 (4 Suppl1):7-18.

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Tramadol powder is effective in chronic pain management. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. The patient reported that trigger point injections, Toradol, acupuncture and occupational therapy have provided improvements with her pain. Based on the above retrospective request for Tramadol 15% cream is not medically necessary.