

<b>Case Number:</b>	CM15-0047867		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	05/23/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: Physical Medicine & Rehabilitation

### 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 56 year old male with an industrial injury date of 05/23/2013. His diagnosis includes chronic pain syndrome, spinal /lumbar degenerative disc disease and myofascial pain syndrome. He has been treated with medications, physical therapy, MRI and trigger point injections. In progress note dated 11/17/2014 the injured worker presents with low back pain. Physical exam was not performed. The progress note dated 11/17/2014 is the most recent note before the UR decision. There is a note dated 03/15/2014 that states EMLA cream trial has been beneficial for sleep and activity tolerance during the day and also allowed for decreased use of tramadol. The provider requested Tramadol and EMLA cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMLA cream 2.5-2.5%, 4 times a day as needed for pain #1 plus 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

**Decision rationale:** The patient presents with low back pain radiating to lower extremity. The request is for EMLA cream 2.5-2.5%, 4 times a day as needed for pain #1 plus 2 refills. The request for authorization is not provided. He has been using Tramadol 1-4 times a day, which helps decrease his pain by 60%. Previous use of EMLA cream 2-3 times a day helped him sleep longer before waking up to pain. Patient states he is able to sit for longer and able to walk further when he has medication. He is recommended to use his cane for ambulation safety. Last physical therapy was in 06/2013, for the back. Patient's medications include Tramadol, Aspirin, Fenofibrate, Glimepiride, Metformin, Vitamin D2, Colchicine, Lidoderm patch and EMLA cream. Point-of-care urine toxicology, 03/13/15, findings are consistent with Rx and confirmed by [REDACTED]. The patient is on modified-duty. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine in the formulation of a dermal patch (Lidoderm), has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Per progress report dated, 03/13/15, treater's reason for the request is "to take less tramadol with the use of EMLA cream for pain control." Per progress report dated, 03/13/15, treater states, "He has since increased his tramadol use because he does not have this cream." However, MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form per MTUS. Therefore, the request is not medically necessary.

**Tramadol Hcl 50mg tab refill: 1 #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77, 80, 93-94 and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with low back pain radiating to lower extremity. The request is for Tramadol Hcl 50MG tab refill: 1 #180. The request for authorization is not provided. He has been using Tramadol 1-4 times a day, which helps decrease his pain by 60%. Previous use of EMLA cream 2-3 times a day helped him sleep longer before waking up to pain. Patient states he is able to sit for longer and able to walk further when he has medication. He is recommended to use his cane for ambulation safety. Last physical therapy was in 06/2013, for the back. Patient's medications include Tramadol, Aspirin, Fenofibrate, Glimepiride, Metformin, Vitamin D2, Colchicine, Lidoderm patch and EMLA cream. Point-of-care urine toxicology, 03/13/15, findings are consistent with Rx and confirmed by [REDACTED]. The patient is on modified-duty. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures

that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated, 03/13/15, treater's reason for the request is "There are days that nothing helps control his pain but other days the tramadol helps to decrease his pain significantly." The patient is prescribed Tramadol since at least 05/21/14. MTUS requires appropriate discussion of the 4A's, and in addressing the 4A's, the treater documents how Tramadol significantly improves patient's activities of daily living with specific examples of ADL's, "he is able to sit for longer and able to walk further when he has medication." Analgesia is discussed also, as it helps decrease his pain by 60%, showing significant pain reduction with use of Tramadol. Given that the documentations provide the 4A's including UDS and specific ADL's, the request is medically necessary.