

<b>Case Number:</b>	CM14-0149762		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/23/2004
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 77 year old male sustained a work injury on 4/23/04 involving the neck, low back and right hand. He was diagnosed with lumbar radiculopathy, cervical spondylosis and right carpal tunnel syndrome. His pain had been treated with Ultram and Voltaren since at least March 2014. A progress note on 6/4/14 noted that the claimant had neck pain and spasms. Exam findings were notable for cervical spinal spasms and reduced range of motion. His right wrist had decreased sensation and a positive Phalen's test. The treating physician requested topical Baclofen 2%, Cyclobenzaprine, Flurbiprofen 15%, Lidocaine 5%, Hyaluronic Acid 0.2% 120gm and continuation of Ultram and Voltaren.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultram Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, it is

recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or non-steroidal anti-inflammatory drug (NSAIDs) and when there is evidence of moderate to severe pain. A recent study that addressed this problem found that chronic lumbar radicular pain did not respond to either a tricyclic antidepressant or opioid in doses that have been effective for painful diabetic neuropathy or post herpetic neuralgia. In this case, the claimant had been on opioids for months without significant improvement in pain or function. The continued use of Tramadol in conjunction with an NSAID, Voltaren, is not proven to have added benefit. The continued use of Tramadol is not medically necessary.

**Baclofen 2%, Cyclobenzaprine, Flurbiprofen 15%, Lidocaine 5%, Hyaluronic Acid 0.2% 120gm with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesic Page(s): 111-112.

**Decision rationale:** According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Topical muscle relaxants are not recommended. Since Baclofen 2%, Cyclobenzaprine, Flurbiprofen 15%, Lidocaine 5%, Hyaluronic Acid 0.2% 120gm contains a muscle relaxant, the product is not recommended and not medically necessary.