

<b>Case Number:</b>	CM14-0177301		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	05/27/2010
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Occupational Medicine, 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:

Patient is a 39 year-old male with date of injury 05/27/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/24/2014, lists subjective complaints as pain in the neck and low back. Objective findings: Examination of the cervical spine revealed tenderness to palpation of the paravertebral muscles and positive Spurling's sign. Examination of the lumbar spine revealed tenderness to palpation of the bilateral sacroiliac joints and lumbar paravertebral muscles. Kemp's test was positive. Diagnosis: 1. Cervical sprain/strain 2. Lumbar sprain/strain. Records supplied for review did not document, and thus it was not possible to determine, the length of time patient has been taking the following medications. SIG was not provided and medications are: 1. Tramadol ER 150mg, #60, 2. Omeprazole 20mg, #603. Compound Cream: Flurbiprofen 20%/Tramadol 20%, 210gms4. Compound Cream: Gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10%, 210gms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 medication: Tramadol ER 150mg #60 between 9/24/2014 and 11/20/2014: Upheld**

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The medical records supplied lacks documentation of a trial of any first-line oral analgesics. In addition, the patient has been prescribed Tramadol ER. There is no documentation explaining why the patient has not been prescribed standard Tramadol 50 mg in divided doses throughout the day. Tramadol ER 150mg #60 between 9/24/2014 and 11/20/2014 is not medically necessary.

**1 medication: Omeprazole 20mg #60 between 9/24/2014 and 11/20/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor Omeprazole. Omeprazole 20mg #60 between 9/24/2014 and 11/20/2014 is not medically necessary.

**1 compound medication: Flurbiprofen 20%/Tramadol 20% #210 gms (30 day supply) between 9/24/2014 and 11/20/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of topical Tramadol is not supported by the Guides. Flurbiprofen 20%/Tramadol 20% #210 gms (30 day supply) between 9/24/2014 and 11/20/2014 are not medically necessary.

**1 compound medication: Gabapentin 10%/Dextromethorphan 10%/ Amitriptyline 10% #210 gms (30 day supply) between 09/24/2014 and 11/20/2014: Upheld**

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

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

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Gabapentin 10%/Dextromethorphan 10%/ Amitriptyline 10% #210 gms (30 day supply) between 09/24/2014 and 11/20/2014 are not medically necessary.