

<b>Case Number:</b>	CM14-0184587		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	05/16/2011
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Physical Medicine and Rehabilitation; has a subspecialty in Interventional spine 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:

The patient is a 51 years old male with an injury date on 05/16/2011. Based on the 10/28/2014 progress report provided by the treating physician, the diagnoses are:1. Acute thoracic herniation and myelopathy2. Chronic lumbar strain/sprainAccording to this report, the patient complains of low back pain. Physical exam reveals "extremities are free from edema." Pain is a 2-3/10 when seating and 5/10 when standing. There were no other significant findings noted on this report. The utilization review denied the request on 10/22/2014. The requesting provider provided treatment reports from 11/04/2013 to 10/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective use of Capsaicin/Mentol/Camphor/Tramadol (TRAMCAPC):** Upheld

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

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

**Decision rationale:** According to the 10/28/2014 report, this patient presents with low back pain. The treater is requesting prospective use of capsaicin / mentol / camphor / tramadol

(TRAMCAPC). Regarding topical compounds, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended. MTUS then discusses various topicals with their indications. However, there is no discussion specific to Tramadol. ODG guidelines do not discuss Tramadol topical either. Given the lack of the guidelines discussion and lack of evidence, therefore request is not medically necessary.