

<b>Case Number:</b>	CM15-0125066		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	08/08/2002
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Emergency 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 59 year old female, who sustained an industrial injury on 8/8/2002. The mechanism of injury is unknown. The injured worker was diagnosed as having status post cervical arthrodesis with chronic long term cervicgia and status post lumbar decompression and fusion with lumbalgia. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 5/20/2015, the injured worker complains of neck pain, rated 7/10 and low back pain, rated 8/10 with numbness and tingling to the bilateral lower extremities. Physical examination showed paracervical tenderness, cervical and thoracic muscle spasm, decreased cervical range of motion and lumbar tenderness. The treating physician is requesting Tramadol 50 mg #90 with 2 refills and a topical compound: Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #90 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113.

**Decision rationale:** The requested Tramadol 50mg #90 with 2 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck pain, rated 7/10 and low back pain, rated 8/10 with numbness and tingling to the bilateral lower extremities. Physical examination showed paracervical tenderness, cervical and thoracic muscle spasm, decreased cervical range of motion and lumbar tenderness. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol 50mg #90 with 2 refills is not medically necessary.

**Topical compound Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 111-113, Topical Analgesics.

**Decision rationale:** The requested Topical compound Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of anti-depressants and anti-convulsants." The injured worker has neck pain, rated 7/10 and low back pain, rated 8/10 with numbness and tingling to the bilateral lower extremities. Physical examination showed paracervical tenderness, cervical and thoracic muscle spasm, decreased cervical range of motion and lumbar tenderness. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Topical compound Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375% is not medically necessary.

