

<b>Case Number:</b>	CM15-0060322		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	03/02/2009
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

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

This is a 54-year-old male patient, who sustained an industrial injury on 3/2/09. The diagnoses have included sprain/strain neck; displacement of cervical intervertebral disc without myelopathy; sprain/strain thoracic spine; sprain/strain lumbar spine; displacement of lumbar intervertebral disc without myelopathy; cervical radiculitis not otherwise specified and lumbar radiculitis. Per the doctor's note dated 2/2/2015, he had complaints of left cervical, cervical, right cervical, right anterior shoulder, left anterior shoulder, left pelvic, right pelvic, left lumbar, left sacroiliac, lumbar, right sacroiliac, right lumbar, right lower thoracic, lower thoracic, left lower thoracic, left mid thoracic, mid thoracic, right mid thoracic, right cervical dorsal, upper thoracic and left cervical dorsal pain. The physical examination revealed tenderness and decreased range of motion of the cervical and lumbar spine, mild decreased strength in extremities and abnormal sensation in right C7, C8 and L5, S1 dermatomes. The medications list includes tramadol and topical compound creams. He has had magnetic resonance imaging (MRI) of the cervical spine, left shoulder and lumbosacral spine; X-rays of the thoracic spine and lumbar spine. He has undergone thorocolumbar spine surgery: T12-L4 fusion in March 2009. He has had physical therapy visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% Tramadol 20% 180 gms: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113, Flurbiprofen is a NSAID and Tramadol is a Synthetic Opioid.

**Decision rationale:** Request: Flurbiprofen 20% Tramadol 20% 180 gms. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants) (Argoff, 2006)." There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs- "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Tramadol is not recommended by MTUS for topical use as cited above because of the absence of high-grade scientific evidence to support their effectiveness. The medical necessity of Flurbiprofen 20% Tramadol 20% 180 gms is not fully established for this patient.

**Tramadol 50 mg Qty 120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 76-78, 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 75, Central Acting Analgesics, page 82, Opioids for Neuropathic Pain.

**Decision rationale:** Request: Tramadol 50 mg Qty 120. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines, "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain (Kumar, 2003)." Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Per the records provided he had chronic pain over multiple areas with history of thoracolumbar

surgery. He is noted to have significant objective evidence of abnormalities on physical exam-tenderness and limited cervical and lumbar range of motion. There is objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Tramadol 50 mg Qty 120 is medically appropriate and necessary to use as prn during acute exacerbations.