

Case Number:	CM15-0074466		
Date Assigned:	04/24/2015	Date of Injury:	12/07/2010
Decision Date:	06/11/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/20/2015

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: Arizona, 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:

The injured worker (IW) is a 49-year-old male who sustained an industrial injury on 12/07/2010. Diagnoses include chronic extensor carpi ulnaris tendinitis. Treatments to date include topical and oral medications, psychological care and hand therapy. Diagnostic testing to date includes an MRI of the left upper extremity dated 2/4/14 which showed mild to moderate degenerative changes to the little finger distal interphalangeal joint. An MRI of the left wrist dated 2/5/14 showed thinning of the central portion of the triangular fibrocartilage without tear, mild extensor carpi ulnaris tendinosis, subchondral cystic changes and marrow edema at the ulnar base of the lunate bone with a 2mm high-grade cartilage defect. According to the progress notes dated 6/18/14, the IW reported weakness and wrist pain with gripping and lifting with the left hand; pain was rated 1 to 2/10. On exam, there was tenderness along the left extensor carpi ulnaris and the left triangular cartilage. He reported improvement in symptoms with hand therapy. A request was made for Tramadol 20% cream for the left wrist; quantity 2 bottles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 20% cream, two bottles: Upheld

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

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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 opioids are not supported in the guidelines due to lack of research. In this case, there is insufficient evidence for topical Tramadol use for the hand. The use of topical Tramadol is not medically necessary.