

<b>Case Number:</b>	CM15-0079609		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 28 year old male, who sustained an industrial injury on June 5, 2013. He has reported back pain. Diagnoses have included lumbago, lumbar spine strain/sprain, and sleep disturbance. Treatment to date has included medications and chiropractic treatment. A progress note dated March 18, 2015 indicates a chief complaint of lower back pain without radicular symptoms. The treating physician documented a plan of care that included topical pain medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclotramadol cream 90g:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams and Other Medical Treatment Guidelines Ultram, package insert.

**Decision rationale:** MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, 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. Regarding tramadol MTUS states; it is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Ultram is a synthetic opioid dependent upon CYP2D6 activation to produce its active M1 metabolite, without first pass metabolism, such as when being used topically, it would be incapable of producing opioid analgesia and would function only as a SSRI which would not be indicated topically. As such, tramadol would not be indicated for topical use and is deemed not medically necessary.