

<b>Case Number:</b>	CM15-0091757		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	08/19/2011
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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 44 year old male, who sustained an industrial injury on 8/19/11. The injured worker was diagnosed as having cervical sprain, lumbar sprain, lumbar radiculitis, status post left shoulder surgery times 2, lumbar disc protrusion, annular disc bulge, headaches, stuttering and multilevel lumbar disc bulges. Treatment to date has included oral medications, topical medications, 12 sessions of physical therapy and home exercise program. Currently, the injured worker complains of continued, unchanged neck pain low back pain and left shoulder pain rated 9/10. He notes he has some relief from pain with medications. Physical exam noted tenderness of cervical paravertebral, slight tenderness of left shoulder on well healed surgical scar and pain at L4-5 and L5-S1 with palpation; lumbar range is painful at extreme range. A request for authorization was submitted for Tramadol 50mg #60; Fenoprofen 400mg #60 and Medrox ointment #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 MG #60:** Upheld

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

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

**Decision rationale:** The requested Tramadol 50 MG #60 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 continued, unchanged neck pain low back pain and left shoulder pain rated 9/10. He notes he has some relief from pain with medications. Physical exam noted tenderness of cervical paravertebral, slight tenderness of left shoulder on well healed surgical scar and pain at L4-5 and L5-S1 with palpation; lumbar range is painful at extreme range. 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 50 MG #60 is not medically necessary.

**Medrox Ointment #120 Gram:** 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): 111-113.

**Decision rationale:** The requested Medrox Ointment #120 Gram 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 antidepressants and anti-convulsants". The injured worker has continued, unchanged neck pain low back pain and left shoulder pain rated 9/10. He notes he has some relief from pain with medications. Physical exam noted tenderness of cervical paravertebral, slight tenderness of left shoulder on well healed surgical scar and pain at L4-5 and L5-S1 with palpation; lumbar range is painful at extreme range. 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, Medrox Ointment #120 Gram is not medically necessary.