

<b>Case Number:</b>	CM14-0142792		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/16/2012
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 54-year-old female, who sustained an industrial injury on December 16, 2012. The initial symptoms reported by the injured worker are unknown. The injured worker was more currently diagnosed as status post left knee surgery subsequent to chronic pain. Treatment to date has included surgery, medication and the use of crutches. On August 1, 2014, the injured worker complained of ongoing left knee pain that was noted to elevate with activities of daily living. The pain was rated as a 4 on a 1-10 pain scale. Physical examination of the left knee revealed tenderness in both medial and lateral compartments. Range of motion was 0 degrees extension and approximately 90 degrees flexion. The treatment plan included Tramadol, Tram-cap C cream and a follow-up visit. On August 18, 2014, utilization review denied a request for Tramadol 37.5-325mg #90 and Tram-cap C cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 37.5/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment, Opioids, criteria for use.

**Decision rationale:** The claimant sustained a work injury in December 2012 and is being treated for left knee pain. A partial meniscectomy and chondroplasty was done in May 2013. When seen, pain was rated at 4/10 and was increased with activities of daily living. There was left knee tenderness with decreased range of motion. Her BMI is over 38. Medications were continued. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain with documentation of VAS pain scores, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

**Tramcap C cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The claimant sustained a work injury in December 2012 and is being treated for left knee pain. A partial meniscectomy and chondroplasty was done in May 2013. When seen, pain was rated at 4/10 and was increased with activities of daily living. There was left knee tenderness with decreased range of motion. Her BMI is over 38. Medications were continued. There is little to no research to support the use of compounded topical Tramadol. Additionally, oral Tramadol is being prescribed and prescribing this topical medication is duplicative. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. The requested compounded medication was not medically necessary.