

Case Number:	CM13-0006330		
Date Assigned:	10/11/2013	Date of Injury:	05/15/2011
Decision Date:	08/19/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/02/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas and New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 65-year-old male who reported an injury on 05/15/2011. The mechanism of injury occurred when the injured worker moving a box from a top shelf to the ground. Documented on the clinical note dated 01/29/2014, the injured worker complained of neck pain, low back and leg pain. The physical examination indicated the injured worker's range of motion of the neck revealed 70 degrees of flexion and extension. Strength testing of the deltoid, biceps and wrist flexors and extensors were all 5/5. Physical examination of the lower back revealed spasms. Range of motion testing of the lower back notated the injured worker had 40 degrees of flexion and 10 degrees of extension. Straight leg raising was positive on the right side and negative on the left. There was atrophy of the right thigh and diminished patellar reflex. Documented on the clinical note, the injured worker had a magnetic resonance imaging (MRI) of the cervical spine and an MRI of the lumbar spine. Prior treatments included an epidural steroid injection on 08/30/2012 at the L4-5 and L5-S1, right shoulder surgery for right impingement and rotator cuff tear performed on 06/21/2012 and physical therapy. As of 12/11/2013 the injured worker's medication regimen included Advil and Norco. The provider requested tramadol/ amitriptyline/ dextromethorphan compound rub. The request for authorization form was dated 07/05/2013. The provider recommended the requested treatment for symptomatic relief of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL/AMITRIPTYLINE/DEXTROMTHORPHAN COMPOUND RUB: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 125, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Antidepressants for the new millennium. Eur J Pharmacol 375:31-40. Tramadol: B LeBon, G Zeppetella, IJ Higginson (2009). Effectiveness of topical administration of opioids in palliative care: a systematic review. Journal of pain and symptoms- Elsevier.

Decision rationale: The injured worker has a history of chronic neck, back, and shoulder pain. The California MTUS Guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines further state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Peer reviewed literature states that while local peripheral administration of antidepressants has been demonstrated to produce analgesia in the formalin model of tonic pain; a number of actions, to include inhibition of noradrenaline (NA) and 5-HT reuptake, inhibition of NMDA, nicotinic, histamine, and 5-HT receptors, and block of ion channels and even combinations of these actions, may contribute to the local peripheral efficacy of antidepressant; therefore the contribution of these actions to analgesia by antidepressants, following either systemic or local administration, remains to be determined. Peer reviewed literature states that there is a deficiency of higher quality evidence on the role of topical opioids and that more robust primary studies are required to inform practice recommendations. As peer reviewed literature does not recommend antidepressants and opioids for topical application, the medication would not be indicated. Additionally, the requested treatment did not list the amount, frequency, or application site of the medication compound. As such, the request for Tramadol/Amitriptyline/Dextromethorphan Compound Rub is not medically necessary.