MAXIMUS Federal Services

Case Number:	CM13-0008187		
Date Assigned:	09/13/2013	Date of Injury:	11/28/2010
Decision Date:	01/27/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spined and is licensed to practice in California. 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 physician 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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54 year-old female with an 11/28/2010 injury date. She has been diagnosed with a metacarpal fracture; right hand contusion; and left shoulder strain. The IMR application is in dispute with the 7/22/13 UR decision. There is a 7/22/13 UR from [redacted] that retrospectively denies amitriptyline/tramadol cream two-years ago for 10/7/2011 and 8/19/11

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline/Tramadol 4/20% cream, DOS: 10/17/2011 and 8/19/2011: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: MTUS for topical analgesics states, "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." The 10/7/11 report from [redacted] states the amitriptyline/tramadol cream was for neuropathic pain. The diagnosis was right hand metacarpal fracture, right hand contusion and left shoulder strain. Exam findings showed triggering of the fingers, with negative Tinels and negative Phalens. There was no indication of neuropathic pain. The 8/19/11 report is similar to the 10/7/11 report, in that the

topical cream was requested for neuropathic pain, but the diagnoses, subjective and objective findings did not reveal any neuropathic pain. Neither of these reports document neuropathic pain, and neither of the reports discuss trials or failures of antidepressants or anticonvulsants. [redacted] provided an appeal, dated 6/19/13, for topical diclofenac, which was not denied on the prior UR. He again states topical amitriptyline was for neuropathic pain, but again, there is no indication of neuropathic pain. [redacted] provides a separate review article for the support of topical amitriptyline, but per LC4610.5 (2), MTUS is the highest ranked review standard and supersedes peer-reviewed medical journals. The request is not in accordance with MTUS guidelines.