

Case Number:	CM13-0011897		
Date Assigned:	12/04/2013	Date of Injury:	04/27/2008
Decision Date:	01/29/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/15/2013

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 Internal Medicine 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. 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 patient is a 47-year-old female with a reported date of injury on 04/27/2008. The patient presented with cervical spine pain without radiation to the thoracic spine, right upper trapezius, or right upper extremity; constant pain in the right shoulder on the posterior more than anterior deltoid area of the right shoulder without radiation; occasional to frequency pain in the medial more than lateral joint lines of the right elbow; occasional pain on the ulnar and volar aspect of the right wrist without radiation; positive cervical compression bilaterally; tenderness upon palpation about the cervical spine and upper trapezius; limited range of motion in the cervical spine; limited range of motion in the shoulders; impingement test was positive on the right; and the patient had tenderness to palpation along the right shoulder acromioclavicular joint, biceps tendon groove, supraspinatus deltoid complex, and rotator cuff. Drop arm test was negative, Tinel's sign was negative at the bilateral elbows, and there was no pain on resisted dorsiflexion of the wrists with the elbows in full extension. Phalen's test, Tinel's sign, and Finkelstein's test were negative bilaterally. Spurling's test was negative, and range of motion of both hands was within normal limits. The patient had diagnoses including status post right shoulder arthroscopy, status post arthroscopic debridement, acromioplasty, and Mumford procedure, cervicothoracic sprain with right upper extremity radiculopathy, right elbow medial epicondylitis, and right wrist tendonitis. The physician's treatment plan included a request for amitramadol DM 4%/20%/10% UCream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitramadol DM 4%/20%/10% UCream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The California MTUS guidelines note topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, β agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). 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. Within the provided documentation, the requesting physician's prior courses of treatment were unclear. Additionally, it did not appear the patient had a diagnosis of neuropathic pain. As such, the request for amitramadol DM 4%/20%/10% UCream is neither medically necessary nor appropriate.