

<b>Case Number:</b>	CM13-0012890		
<b>Date Assigned:</b>	09/25/2013	<b>Date of Injury:</b>	03/09/2012
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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 Plastic Surgery 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 44-year-old female with history of injury on 3/9/12 to the right shoulder, clavicle, head, jaw and neck. She has since received physical therapy, acupuncture, chiropractic therapy, treatment with TENS unit, steroid injection, and pain medications. On a visit to MD dated 7/26/13, the patient complained about weakness, cervical pain, and right shoulder pain of 3/10 severity. Diagnoses include cervical spine strain, right shoulder strain, adjustment disorder and right TMJ pain. Topical cream amitramadol was prescribed. A UR denied coverage of this 8/8/13. An appeal was filed 9/19/13.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Compound drugs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**Decision rationale:** The MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily

recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. The mentioned agent is not in the PDR. Other modalities are recommended. The request remains non-certified.