

<b>Case Number:</b>	CM13-0020453		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	08/24/2011
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 Pulmonary Diseases 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 who reported a work related injury on 08/24/2011 as a result of cumulative trauma. The provider documented that the patient presented for treatment of the following diagnoses: muscle contraction type of headache slight, musculoligamentous sprain of the cervicothoracic spine, and bilateral carpal tunnel syndrome. The most recent clinical note submitted for review is a Qualified Medical Supplemental Report dated 06/10/2013 by [REDACTED]. The provider documented the patient's course of treatment since her injury. The provider documented the patient had complaints of continued headaches, cervical spine pain, and upper back pain. Upon physical exam of the patient, the provider documented examination of the neck was negative and range of motion of the bilateral shoulders was within normal limits. The provider documented the patient had full range of motion and no sensory or motor deficits were noted. Touch and pin prick sensations were intact bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitriptyline DT 4 10 20%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** The clinical documentation submitted for review reports the patient presents with multiple bodily injury pain complaints status post reporting a cumulative trauma injury in 2011. The clinical notes do not specify a rationale for the patient having been administered topical analgesics. The clinical notes failed to evidence the patient's current medication regimen. The California Chronic Pain Medical Treatment Guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In addition, any compounded product that contains at least 1 non-recommended drug or drug class is not recommended for use. Given all of the above, the request for Amitriptyline DT 4 10 20% provided on 6/25/12 is not medically necessary or appropriate.

**Capsaicin F3 0.0375 30%.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** The clinical documentation submitted for review reports that the patient presents with multiple bodily injury pain complaints status post reporting a cumulative trauma injury in 2011. The clinical notes do not specify a rationale for the patient having been administered topical analgesics. The clinical notes failed to evidence the patient's current medication regimen. The California Chronic Pain Medical Treatment Guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In addition, any compounded product that contains at least 1 non-recommended drug or drug class is not recommended for use. Given all of the above, the request for Capsaicin F3 0.0375 30% provided on 6/25/12 is not medically necessary or appropriate