

<b>Case Number:</b>	CM13-0020590		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	01/22/2014	<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 Physical Medicine and Rehabilitation 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 60-year-old male who reported an injury on 10/13/2011. The patient was noted to have been injured while attempting to add water to an engine radiator when it exploded, causing circumferential burns to the bilateral hands and wrists. The patient has been treated with surgical intervention, including debridements. The patient has undergone epidural steroid injections, facet injections, diagnostic studies, and medication management. The patient is also noted to have diagnoses to include pulmonary hypertension and right superficial femoral artery aneurism. Current treatment plan is for possible lumbar surgery and ongoing medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Amitriptyline transdermal patch #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline Section, Topical Analgesics Section Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines state that "Amitriptyline is a tricyclic antidepressant." The California MTUS Guidelines also state that topical analgesics are "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... Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended." The documentation submitted for review does indicate that the patient has neck and low back pain radiating to the extremities. The documentation submitted for review does not provide sufficient rationale for why the patient would require topical use of amitriptyline versus oral intake. As such, the request is non-certified.

**Retrospective Diclofenac transdermal patch #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The California MTUS guidelines state that topical analgesics are "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... Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended...The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period." The documentation submitted for review fails to demonstrate the patient was intolerant to oral NSAID medications to warrant topical use of Diclofenac. Furthermore, as quoted above, guidelines state that topical NSAIDs have diminishing effect after a 1 month period. As such, the request is non-certified.