

Case Number:	CM13-0021094		
Date Assigned:	10/11/2013	Date of Injury:	02/05/2003
Decision Date:	02/13/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	09/06/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 52-year-old male who reported a work-related injury on 02/05/2003. The specific mechanism of injury was not stated. The clinical note dated 06/18/2013 reports the patient was seen under the care of [REDACTED] for his chronic pain complaints. The provider documents the patient utilizes the following medications: Norco 10/325, Zanaflex 4 mg, and Anaprox. The provider documents the patient reports a significant amount of pain relief from an L1 segmental nerve block. The provider reported the patient's legs do not fall asleep when he is sitting and driving. The provider reports a 60% pain decreased. The provider documents the patient continues to have knee pain complaints that require treatment. The provider documents the patient reports gastric upset from oral medication and topical medications give the patient additional relief when he is not able to utilize oral medications because of side effects. In addition, topical medications allow the patient better function at work. The provider documents upon physical exam of the patient he presents for treatment of the following diagnoses: cervical discogenic syndrome, lumbar discogenic syndrome, muscle spasms, and cervical radiculopathy. The provider administered the patient ADT cream (amitriptyline, dextromethorphan, and tramadol) to utilize 4 times a day as needed. In addition, the patient was rendered his regular medication regimen or Norco 10/325 4 times a day, Zanaflex 4 mg twice a day, and Anaprox 550 twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADT TD cream (Amitriptyline 4%/ Dextromethopran 10%/ Tramadol 20%) DOS:
08/13/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient continues to present with significant chronic pain complaints status post a work-related injury sustained in 2003. The provider documents the patient's medication regimen includes Norco, Zanaflex, and Anaprox. The provider is recommending the patient utilize ADT, a combination of amitriptyline, dextromethorphan, and tramadol. However, California MTUS indicates any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Given all the above, the request for ADT TD cream is neither medically necessary nor appropriate.