

Case Number:	CM13-0021480		
Date Assigned:	11/08/2013	Date of Injury:	12/20/2007
Decision Date:	01/16/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/09/2013

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 female who reported an injury on 12/20/2007. The patient is currently diagnosed with history of left cubital tunnel release and revision left carpal tunnel release on 12/13/2002, history of left carpal tunnel release in 10/2008, and history of right carpal tunnel release in 10/2009. The patient was recently seen by [REDACTED] on 10/01/2013. The patient reported ongoing discomfort in regard to her left upper extremity. Physical examination revealed tenderness to palpation over the medial aspect of the left elbow and throughout the left forearm, as well as positive Tinel's testing over the medial elbow. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline/Dextromethorphan/Tramadol Compound Cream, 4%/10%/20% for Bilateral Wrists and Right Index Trigger Finger.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Topical Analgesics.

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

Decision rationale: MTUS Chronic Pain Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole by the MTUS Chronic Pain Guidelines. As per the clinical notes submitted, there is no evidence of a failure to respond to previous oral medications prior to the initiation of a topical analgesic. The medical necessity for the requested medication has not been established. The request for Amitriptyline/Dextromethorphan/Tramadol Compound Cream, 4%/10%/20% for Bilateral Wrists and Right Index Trigger Finger is not medically necessary and appropriate.