

<b>Case Number:</b>	CM13-0023537		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	07/11/2007
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California and Washington. 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 expert 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 injured worker is a 44-year-old male who reported an injury on 07/11/2007. The mechanism of injury was not provided for clinical review. The diagnoses included post-contusion syndrome with headaches, cervical thoracic spine pain, T6 compression fracture, and lumbar spine pain. Previous treatments included an epidural steroid injection, medication, EMG, NCV, and MRI. Within the clinical note dated 08/06/2013, reported the injured worker complained of constant pain in the right arm, right more than left lumbar spine. He rated his pain 7/10 in severity. He noted the pain was severe with constant radiation to the right more than left lateral thigh, to the right more than left big toe. The injured worker complained of tingling and numbness in the same area as the pain. He reported he had weakness of the right more than left lower extremity, and has fallen once when not using his cane. The injured worker complained of cervical spine pain rated 6/10 in severity. Upon the physical examination, the provider noted the lumbar spine revealed decreased range of motion. Sensation to pinprick and light touch were normal bilaterally. Motor power was decreased to manual testing in the bilateral peroneals. The provider noted the injured worker had a positive straight leg raise bilaterally, right more than left. The provider requested amitramadol cream. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and signed on 08/15/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **AMITRAMADOL- (AMITRIPTYLINE AND TRAMADOL) TOPICAL CREAM #1:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 13, 111, 113 Page(s): 13, 111, 113.

**Decision rationale:** The request for amitramadol (amitriptyline and tramadol) topical cream #1 is non-certified. The injured worker complained of pain in the right more than left lumbar spine. He rated his pain 7/10 in severity. The injured worker reported severe and constant radiation to the right more than left lateral thigh to the right more than left big toe. He complained of constant pain in his cervical spine rated 6/10 in severity. California MTUS Guidelines note topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines note any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Tramadol is a centrally-acting synthetic opioid analgesic, and it is not recommended as a first-line oral analgesic. Amitriptyline is recommended as tricyclic antidepressants. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. There is a lack of documentation indicating the injured worker was treated for or diagnosed for depression. There was as lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. In addition, the request does not specify a treatment site. The request submitted failed to provide the frequency and quantity of the medication. Therefore, the request for amitramadol (amitriptyline and tramadol) topical cream #1 is non-certified.