

Case Number:	CM13-0027766		
Date Assigned:	11/22/2013	Date of Injury:	03/16/2012
Decision Date:	05/21/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/23/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 27 year old male that sustained injury on 3/16/2012. The diagnoses are right wrist pain secondary to fibrocartilage tear and tenosynovitis. There are associated diagnoses of anxiety, insomnia, depression and stress. The patient was diagnosed with co-existing headache that is being treated with Imitrex. The patient has completed right wrist surgery, physical therapy and excision of ganglion cyst without improvement to the wrist pain. [REDACTED] recommended Psychiatric evaluation and treatment on 2/12/2013. The documented objective findings were limited to tenderness on the wrist. A utilization review decision was rendered on 9/5/2013 recommending non certification of topical compound preparation of Amitriptyline / Dextromethorphan/Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE (DOS 8/2/12)

AMITRIPTYLINE/DEXTROMETHORPHAN/TRAMADOL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121-122.

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

Decision rationale: The California MTUS addressed the use of topical analgesics for the treatment of neuropathic pain. Topical analgesic preparations could be utilized to treat neuropathic pain when trials of anticonvulsant and analgesic medications have failed. The record does not indicate that the patient have failed treatment with oral anticonvulsant and antidepressant medications. The compound preparation contains Amitriptyline, Dextromethorphan and Tramadol. None of these medications have been FDA approved in topical formulation for the treatment of pain. The patient have associated depression and anxiety that meet the indications for treatment with oral Amitriptyline preparation. Therefore the request is not medically necessary.