

<b>Case Number:</b>	CM13-0031430		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	02/06/2007
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 has a subspecialty in Interventional Spine 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 57 year old injured worker with a 2/6/07 industrial injury claim. According to the 7/18/13 chiropractic report, the patient has been diagnosed with myofascitis, anxiety; right-side rotator cuff syndrome; hypertension; headache; insomnia; gait abnormality; lumbar disc syndrome; bilateral internal knee derangement, s/p right knee arthroscopy with residuals. The IMR application shows a dispute with the 9/16/13 UR decision which was for non-certification for a retrospective review from two years ago for DOS 5/23/2012 for topical compound containing amitriptyline 4%, dextromethorphan Hbr10%, tramadol 20% Ultraderm. The UR letter stated they had progress reports from [REDACTED] from 6/11/12 and 7/23/12, but these reports were not available for this IMR. There are no records from 2012 provided for this IMR.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitriptyline 4%, Dextromethorphan, Hydrobromide 10%, Tramadol 20%, Ultraderm,:**  
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 Page(s): 111-113.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines states topical analgesics are largely experimental. They are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Based on the information provided, the patient does not currently have neuropathic pain, and there is no indication that the patient had neuropathic pain on 5/23/12. There are no medical reports available prior to 5/23/13, so there is no indication that trials of antidepressants and anticonvulsants have failed. Based on the available information, the request is not in accordance with MTUS guidelines. The request for Amitriptyline 4%, Dextromethorphan, Hydrobromide 10%, Tramadol 20%, Ultraderm, DOS 5/23/12 is not medically necessary and appropriate.