

<b>Case Number:</b>	CM13-0034080		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 Orthopedic Surgery, 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 claimant is a 53-year-old female who was injured in a work related accident on August 6, 2012. The clinical records reviewed in this case indicate complaints of shoulder pain, right upper extremity pain. Recent clinical assessment for review is dated May 29, 2013 where the claimant was seen in reassessment by [REDACTED] for a diagnosis of right wrist carpal tunnel syndrome and right thumb flexor tenosynovitis. There was no documentation of positive objective findings from the handwritten progress report. Recent treatment has included medication management. There is no indication of imaging or testing available or from prior review. Secondary diagnoses from previous records include CMC arthritis of the right thumb, right elbow cubital tunnel syndrome. At last assessment, recommendations were for continuation of medication to include 4% amitriptyline, 10% dextromethorphan, 20% tramadol, all noted to be utilized in topical form. There is also a request for Ultra Derm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitriptyline 4%:** Upheld

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

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

**Decision rationale:** The Physician Reviewer's decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the topical use of amitriptyline would not be indicated. Guidelines do not indicate the role of neuropathic agents including gabapentin, antiepileptic or tricyclic antidepressants in the topical form. The role of this agent for topical use would not be indicated based on clinical records for review.

**DEXTROMETHORPHAN 10%:** Upheld

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

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

**Decision rationale:** MTUS Guidelines indicate that the role of topical analgesics is largely experimental with few randomized clinical controls demonstrating their efficacy or safety. At present, there is no topical indication for the role of dextromethorphan. The use of this agent would not be indicated for topical use at present.

**TRAMADOL 20%:** Upheld

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

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

**Decision rationale:** The Physician Reviewer's decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the topical use of Tramadol is not indicated. Guideline criteria indicate that topical agents as stated above in compounded form are largely experimental with few randomized clinical trials demonstrating their efficacy or safety. The topical role of tramadol in this case would not be indicated as tramadol in and of itself is not recommended in the topical setting. The specific request in this case would not be supported.

**ULTRADERM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The Physician Reviewer's decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the role of Ultra Derm, which is topical for of fluocinolone, a topical agent utilized for anti-inflammatory, topical use would not be indicated.

Clinical records do not indicate the role of this specific agent which is typically utilized as an ophthalmic steroid. The use of this in the claimant's chronic setting of carpal tunnel syndrome and arthritis of the wrist would not be indicated at present.

**TRAMADOL 20% 150 GM CREAM:** Upheld

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

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

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, the topical use of Tramadol 20 % cream is not indicated. Guideline criteria indicate that topical agents as stated above in compounded form are largely experimental with few randomized clinical trials demonstrating their efficacy or safety. The topical role of tramadol 20% cream in this case would not be indicated as tramadol 20% cream in and of itself is not recommended in the topical setting. The specific request in this case would not be supported.