

Case Number:	CM13-0034626		
Date Assigned:	12/11/2013	Date of Injury:	03/27/2008
Decision Date:	04/10/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/15/2013

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, 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 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:

This is a patient with a date of injury of March 27, 2008. A medical report dated September 16, 2013 identifies great relief of back pain from three (3) epidural steroid injections (ESIs). The patient still has bilateral leg pain and numbness that is severe and disabling. On exam, there is limited range of motion (ROM) with positive straight leg raise (SLR), left leg weakness 2/4 without additional specifics. A utilization review determination dated October 2, 2013 recommends non-certification of a compound cream containing amitriptyline, dextromethorphan and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADT TD COMPOUND CREAM (AMITRIPTYLINE 4%, DEXTROMETHORPHAN 10%, TRAMADOL 20%) FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesicis Page(s): 111-113.

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

Decision rationale: The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and

they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the documentation available for review, there is no clear documentation of failure of oral antidepressants and anticonvulsants. Furthermore, there is no clear rationale for the use of the requested topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested compounded cream is not medically necessary.