

Case Number:	CM13-0034776		
Date Assigned:	12/11/2013	Date of Injury:	12/05/2009
Decision Date:	02/03/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/15/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in 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 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 47-year-old male who reported injury on December 05, 2009. The mechanism of injury was not provided. Per the office note dated December 20, 2011, the patient had ongoing pain to the bilateral hands and wrists. The request was made for symptomatic relief to include tramadol for pain and amitriptyline/tramadol 4/20% cream for neuropathic pain and capsaicin/tramadol 0.0375/15% cream for immediate pain relief and diclofenac cream for pain as an anti-inflammatory. The patient's diagnoses were noted to include bilateral upper extremity overuse tendinopathy, lumbar sprain/strain syndrome, and cervical discopathy. The request was made for medication refills

IMR ISSUES, DECISIONS AND RATIONALES

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

request for Amitriptyline/Tramadol 4/20% cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Section and Topical Analgesics Section Page(s): s 82, 111.

Decision rationale: The California MTUS states, "Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety...Any compounded

product that contains at least one drug (or drug class) that is not recommended is not recommended. Tramadol is not recommended as a first line therapy. Amitriptyline is a Tricyclic and is generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, there was a lack of documentation indicating that the patient had tried a first line therapy as Tramadol is not recommended as a first line therapy. There was a lack of documentation indicating the ingredients in the medication with the exception of amitriptyline and tramadol. Given the above and the lack of documentation, as well as the efficacy, the request for amitriptyline/tramadol 4/20% cream is not medically necessary and appropriate.

request for Capsaicin-Tramadol 0.0375/15% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents (NSAIGs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin, Tramadol Sections Page(s): s 82, 111-112.

Decision rationale: The California MTUS states, "Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... Tramadol is not recommended as a first line therapy... Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments... There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide the necessity for a second tramadol topical medication for pain. Given the above and the lack of documentation of exceptional factors, the request for Capsaicin-Tramadol 0.0375/15% cream is not medically necessary and appropriate.

request for Diclofenac 30%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Section Page(s): 112.

Decision rationale: The California MTUS guidelines state that Voltaren (Diclofenac) is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The clinical documentation submitted for review failed to indicate the patient had osteoarthritis and failed to indicate the

efficacy of the requested medication. Additionally, there was a lack of quantity indicated. Given the above, the request for diclofenac 30% is not medically necessary and appropriate.