

<b>Case Number:</b>	CM13-0037368		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	07/21/2009
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, chronic low back pain, chronic shoulder pain, chronic elbow pain, and chronic pain syndrome reportedly associated with cumulative trauma at work between the years 2003 through 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; extensive periods of time off of work; and subsequent return to regular work. In a utilization review report of October 7, 2013, the claims administrator denied a request for several topical compounds. The applicant's attorney subsequently appealed. In a report dated July 16, 2013, the applicant is asked to continue unspecified oral and transdermal creams. He is placed off of work for a day and returned to work the subsequent day. An earlier note of May 21, 2013 is notable for comments that the applicant is using Ultracet for pain relief. In an appeal letter of August 20, 2013, the attending provider appeals the denial of the topical compounds.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective for 1 prescription for amitriptyline/dextromethorphan/tramadol 40/10/20% 30mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Page(s): 111-127.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, the applicant is described as using a first-line oral analgesic medication, namely Ultracet, without any reported difficulty, impediment, and/or impairment, effectively obviating the need for topical compounds such as the agent prescribed here which is, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the request is not certified.

**Retrospective for 1 prescription diclofenac/flurbiprofen 10/25% 30 mg:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical diclofenac or Voltaren is indicated only in the treatment of small joint arthritis which lends itself to a topical treatment. In this case, the applicant is alleging multifocal shoulder, neck, and elbow pain. The applicant does not seemingly carry a diagnosis of arthritis for which usage of diclofenac would be indicated. The unfavorable recommendation on topical diclofenac or Voltaren results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified.