

Case Number:	CM13-0040216		
Date Assigned:	12/20/2013	Date of Injury:	11/17/2003
Decision Date:	02/21/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/29/2013

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 and is licensed to practice in Illinois. 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 39-year-old male who reported an injury on 11/17/2003. The mechanism of injury was not provided. The patient was noted to have multiple diagnoses which include: cervical spine sprain/strain, left shoulder internal derangement, status post lumbar interbody fusion from L3 to S1 on 05/06/2007, removal of hardware on 06/26/2008, post laminectomy at L4-5 with intervertebral body graft in place L4-5 and L5-S1 on 06/11/2012, left knee internal derangement, status post left knee surgery on 07/10/2009, status post right knee arthroscopy on 02/06/2012, and depression. The request was made for amitramadol and a Functional Capacity Evaluation (FCE).

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitramadol topical cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 11, 82, 111. Decision based on Non-MTUS Citation Skolnick P (1999) Antidepressants for the new millennium. Eur J Pharmacol 375:31-40; FDA.gov

Decision rationale: California MTUS indicates 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. A thorough search of FDA.gov, did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. California MTUS does not specifically address topical application of anti-depressants. However, per Skolnick, P. (1999), literature states that while local peripheral administration of antidepressants has been demonstrated to produce analgesia in the formalin model of tonic pain; a number of actions, to include inhibition of noradrenaline (NA) and 5-HT reuptake, inhibition of NMDA, nicotinic, histamine, and 5-HT receptors, and block of ion channels and even combinations of these actions, may contribute to the local peripheral efficacy of antidepressant; therefore the contribution of these actions to analgesia by antidepressants, following either systemic or local administration, remains to be determined. Clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant the usage of the medication. Additionally, there was a lack of documentation indicating the quantity of amitramadol topical cream being requested. Given the above, the request for amitramadol topical cream is not medically necessary.

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation

Decision rationale: ACOEM guidelines indicate that a number of functional assessment tools are available, including functional capacity exams and videotapes. However, they do not address the criteria for performing an FCE. Per Official Disability Guidelines, the guidelines for performing an FCE include a prior unsuccessful return to work attempts. Clinical documentation submitted for review indicated the physician was requesting a Functional Capacity Evaluation to determine the patient's ability to resume working in a capacity commensurate with his or her skills or abilities per the PR-4. However, there is a lack of documentation indicating the patient has had a return to work attempt and failed. Given the above, the request for a Functional Capacity Evaluation is not medically necessary