

Case Number:	CM13-0049670		
Date Assigned:	12/27/2013	Date of Injury:	03/01/2012
Decision Date:	07/24/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/08/2013

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 Interventional Spine, 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:

The patient is a 46 year old with a date of injury of 3/1/12. Exam on 10/4/13 showed a normal gait. The cervical spine has minimal tenderness to palpation in left trapezius area. There is slightly diminished range of motion of the cervical spine. There was normal range of motion of shoulders bilaterally. There was a normal neurological exam and normal reflexes.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE COMPOUNDED AMITRAMADOL-DM TRANSDERM 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 Page(s): 105, 111-113.

Decision rationale: Regarding topical analgesics, the MTUS states that they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS also states that any compounded product that contains at least one drug (or

drug class) that is not recommended is not recommended. Tramadol is a second line synthetic opioid, and is often prescribed in conjunction with a topical analgesic; however, the MTUS does not indicate its use topically. As topical Tramadol is not indicated, the entire compounded cream is not indicated. Furthermore, patient is already taking Tramadol as an oral medication. As such, the request is not medically necessary.