

Case Number:	CM13-0059616		
Date Assigned:	12/30/2013	Date of Injury:	11/02/2006
Decision Date:	08/01/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/02/2013

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 and is licensed to practice in Nevada. 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 injured worker is a 59-year-old female who was reportedly injured on November 2, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 3, 2012, indicates that there are ongoing complaints of right shoulder pain, as well as swelling and tenderness of the wrist. The physical examination demonstrated a negative Tinel's sign at the wrist and pain with range of motion. A previous note dated May 1, 2012, states that there is cervical spine pain. The physical examination on this date noted decreased cervical spine range of motion with pain and tenderness at the AC joint and deltoid muscle of the right shoulder. There was a positive Hawkin's test, impingement test, and Neer's test. A request had been made for retrospective use of Amitriptyline/Dextromethorphan/Tramadol/Ultraderm, as well as Diclofenac/Flurbiprofen/Ultraderm and was not certified in the pre-authorization process on November 15, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PRESCRIPTION FOR AMYTRIPTYLINE 4%/ DEXTROMETHORPHAN 10%/ TRAMADOL 20%/ ULTRADERM (DOS 5/01/12 AND 7/03/12): Upheld

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

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

Decision rationale: California Medical treatment Utilization Schedule guidelines state that topical analgesics are largely experimental and that any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended. The guidelines note there is little evidence to support the use of topical NSAIDs for treatment of the above noted diagnosis. Additionally, the guidelines state there is no evidence to support the use of Amitriptyline, Dextromethorphan, and Tramadol. For these reasons this request for Amitriptyline/ Dextromethorphan/ Tramadol/ Ultraderm is not medically necessary.

RETROSPECTIVE PRESCRIPTION FOR DICLOFENAC 10%/ FLURBIPROFEN 25%/ ULTRADERM (DOS 5/01/12 AND 07/03/12): Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule guidelines state that topical analgesics are largely experimental and that any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended. The guidelines note there is little evidence to support the use of topical non-steroidal anti-inflammatory drugs for treatment of the above noted diagnosis. Additionally, the guidelines state there is no evidence to support the use of Ultraderm. Therefore, this request for Diclofenac/Flurbiprofen/Ultraderm is not medically necessary.