

Case Number:	CM13-0064104		
Date Assigned:	01/03/2014	Date of Injury:	12/04/2012
Decision Date:	05/13/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/11/2013

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 Sport's Medicine and is licensed to practice in Texas. 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 44-year-old male who reported an injury on 12/04/2012 due to a fall off a ladder. The injured worker reportedly sustained an injury to his low back, upper back, hip, and right lower extremity. The injured worker's treatment history included physical therapy, epidural steroid injections, multiple medications, and a back brace. The injured worker was evaluated on 10/23/2013. The injured worker's current medication schedule included Norco, Clonazepam, Prilosec, Neurontin, and a topical compounded medication that included tramadol, amitriptyline, and dextromethorphan. Physical examination findings included tenderness over the left shoulder and left suprascapular muscles, with a positive impingement sign. Examination of the lumbar spine included limited lumbar range of motion secondary to pain, with tenderness to palpation and muscle spasming along the right side of the L4-S1 musculature. Evaluation of the lower extremity documented a positive straight leg raising test bilaterally; hypoesthesia in the right calf; and 5/5 motor strength. The injured worker's diagnoses included cervical spine sprain/strain, left shoulder impingement, status post left wrist fracture, lumbar spine sprain/strain, and anxiety due to pain. The injured worker's treatment plan included continuation of medications and referral for a psychiatric consultation. A request was made for a compounded medication containing tramadol 20%, amitriptyline 10%, and dextromethorphan, as the injured worker had failed a trial of Dendracin lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND TRAMADOL, AMITRIPTYLINE, DEXTROMETHORPHAN, ETHOXY DIGLYCOL, DIMETHYL SULFOXIDE, PENTRAVAN BASE QTY:120 DAY'S SUPPLY: 20: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation EFFECTIVENESS OF TOPICAL ADMINISTRATION OF OPIOIDS IN PALLIATIVE CARE: A SYSTEMATIC REVIEW; B LEBON, G ZEPPELELLA, IJ HIGGINSON - JOURNAL OF PAIN AND SYMPTOMS,2009 - ELSEVIER SKOLNICK P (1999) ANTIDEPRESSANTS FOR THE NEW MILLENNIUM. EUR J PHARMACOL 375:31-40.

Decision rationale: California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address the use of opioids, antidepressants, or dextromethorphan as topical agents. Peer-reviewed literature does not support the use of tramadol or amitriptyline as topical analgesics, as there is little scientific data to support the efficacy and safety of this type of medication. Additionally, the clinical documentation submitted for review does not provide any evidence why the injured worker cannot tolerate oral formulations of these medications. Peer-reviewed literature does support the use of low doses of dextromethorphan for treatment of neuropathic pain. However, California Medical Treatment Utilization Schedule states that any compounded medication that contains at least 1 drug or drug class that is not supported by guideline recommendations is not recommended. Therefore, this compounded agent would not be supported by guideline recommendations. Additionally, the request as it is submitted does not specifically identify a body part for application or a frequency or use. Therefore, the appropriateness of the request as it is submitted cannot be determined. As such, the requested compound tramadol, amitriptyline, dextromethorphan, ethoxydiglycol, dimethyl sulfoxide, PentraVan base, quantity 120, day's supply: 20, is not medically necessary or appropriate.