MAXIMUS Federal Services

Case Number:	CM13-0071707		
Date Assigned:	01/08/2014	Date of Injury:	04/02/2013
Decision Date:	06/10/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/30/2013

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 Pain Management 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 51-year-old female who reported an injury on 04/02/2013. The mechanism of injury was that the injured worker tripped over a cord. The documentation of 11/21/2013 revealed that the injured worker had pain of the cervical spine and lumbar spine. The injured worker had 18+ sessions of physical therapy and 12 sessions of acupuncture. The injured worker had lumbar spine pain and bilateral knee pain. The diagnoses included right knee MMT prepatellar bursitis, cervical spine sprain/strain, bilateral upper extremity radiculopathy, lumbar spine sprain/strain status post fusion 1993 and left knee compensatory pain. The treatment plan included Amitramadol cream and Cyclo/Keto/Lido/Ultra cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL AMITRAMADOL DM CREAM 240GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Antidepressants and Tramadol Page(s): 111,13,82.

Decision rationale: The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily

recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Peer reviewed 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. California MTUS does not specifically address opioid analgesics in topical formulations. However, peer reviewed literature states that there is a deficiency of higher quality evidence on the role of topical opioids and that more robust primary studies are required to inform practice recommendations. 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. The clinical documentation submitted for review failed to indicate that the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The duration of use could not be established through the supplied documentation. The request as submitted failed to indicate a frequency for the requested medication. Given the above, the request for topical Amitramadol DM cream 240 gm is not medically necessary.