

<b>Case Number:</b>	CM14-0106150		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/03/2009
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	06/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 records presented for review indicate that this 47-year-old female was reportedly injured on March 3, 2009. The mechanism of injury is noted as repetitive motion. The most recent progress note, dated January 18, 2012 indicates that there are ongoing complaints of pain in the right shoulder, right elbow, right hand, and right wrist. Some relief is noted with oral medications and the use of a TENS unit. The physical examination demonstrated moderate allodynia over a scar at the right elbow. No vascular changes were noted. There was decreased right elbow range of motion and a positive all their nerve compression test. There was also slightly decreased muscle strength of 4/5 with elbow flexion and extension. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a right-sided carpal tunnel release and an elbow debridement as well as he right-sided ulnar nerve transposition, the use of a TENS unit, and a home exercise program. A request had been made for a topical compound of amitriptyline/dextromethorphan/tramadol and diclofenac/flurbiprofen and was not certified in the pre-authorization process on June 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: Amitriptyline/Dextromethorphan/Tramadol - Unspecified quantity and dosage (DOS: 03/14/12-06/13/12): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Compounded product.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 111-112 of 127.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for Amitriptyline/Dextromethorphan/Tramadol is not medically necessary.

**RETRO: Diclofenac/Flurbiprofen - Unspecified quantity and dosage (DOS: 03/14/12-06/13/12):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Compounded product, Voltaren Gel, Topical NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 111-112 of 127.

**Decision rationale:** The California MTUS Guidelines support topical NSAIDs for the short-term treatment of acute pain for short-term use for individuals unable to tolerate oral administration, or for whom oral administration is contraindicated. The record provides no documentation that injured employee has any issues taking oral anti-inflammatory medications. Considering this, the request for Diclofenac/Flurbiprofen is not medically necessary.