

Case Number:	CM14-0010409		
Date Assigned:	02/21/2014	Date of Injury:	08/01/2008
Decision Date:	06/25/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/24/2014

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 & Rehabilitation 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 injured worker reported an injury on 08/01/2008. The mechanism of injury was not stated. Current diagnoses include pain in the upper arm and rotator cuff syndrome. The latest Physician Progress Report submitted for this review was documented on 11/13/2013. The injured worker reported persistent pain in the right ankle and right shoulder. Physical examination revealed reduced range of motion of the right shoulder, increased pain in the right shoulder, increased pain in the right wrist, and decreased range of motion in the right ankle. Treatment recommendations at that time included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSDERMAL COMPOUND CREAM (AMITRIPTYLINE HCL POWDER, DEXTROMETHORPHAN HBR POWDER, TRAMADOL HCL POWDER AND ULTRADERM BASE CREAM): Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There is no strength, frequency, or quantity listed in the current request. Therefore, the request for transdermal compound cream (amitriptyline HCL powder, dextromethorphan HBR powder, tramadol HCL powder and ultraderm base cream) is not medically necessary and appropriate.