

Case Number:	CM14-0014595		
Date Assigned:	02/28/2014	Date of Injury:	09/13/2012
Decision Date:	09/29/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/05/2014

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 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 is a 43-year-old male who reported an injury due to forceful pushing on 09/13/2012. On 08/22/2013 his diagnoses included right shoulder sprain/strain and lower back pain with bilateral lower extremity sciatica. His complaints included lower back pain with spasms and right shoulder pain. The treatment plan included adding amitramadol, Cyclobenzaprine cream. No other medications were noted in the submitted documentation. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMITRAMADOL DM: 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 Page(s): 111-113.

Decision rationale: The request for Amitramadol DM is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trial of antidepressants and anticonvulsants have failed. Many agents are compounded

for pain control including opioids and muscle relaxants. There is no research to support to the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Cyclobenzaprine is a muscle relaxant. There is no evidence for any use of muscle relaxant as a topical product. The clinical information submitted failed to meet the evidence based guidelines for topical analgesics. Additionally, the body part or parts to which this cream was to have been applied were not specified. Furthermore, there was no frequency of application included in the request. Therefore, this request for Amitramadol DM is not medically necessary.