

Case Number:	CM14-0016705		
Date Assigned:	04/11/2014	Date of Injury:	01/15/2009
Decision Date:	05/28/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/10/2014

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 is a 52-year-old male who reported an injury on 01/01/2009. The mechanism of injury was not stated. Current diagnoses include sprain and strain of the knee and leg, thoracic or lumbosacral neuritis or radiculitis, sprain and strain of the lumbar region, cervical radiculopathy, and cervical sprain/strain. The injured worker was evaluated on 02/28/2014. The injured worker reported improvement in symptoms following knee replacement surgery. Physical examination revealed an antalgic gait, tenderness about the prosthetic joint, limited range of motion, tenderness at the origin of the plantar fascia at the calcaneus, and peripatellar and joint line tenderness. Treatment recommendations included a 30-day supply of a transdermal cream, as well as oral anti-inflammatory and analgesic medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMITRYPTYLINE 4%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference, Amitriptyline.

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

Decision rationale: The Expert Reviewer's 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 also no frequency or quantity listed in the current request. Therefore, the request is not medically appropriate. As such, the request for Amitriptyline 4% is not medically necessary.

DEXTROMETHORPHAN 10%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

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

Decision rationale: The Expert Reviewer's 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 also no frequency or quantity listed in the current request. Therefore, the request is not medically appropriate. As such, the request for Dextromethorphan 10% is not medically necessary.

TRAMADOL 20%: Upheld

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

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

Decision rationale: The Expert Reviewer's 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 also no frequency or quantity listed in the current request. Therefore, the request is not medically appropriate. As such, the request for Tramadol 20% is not medically necessary.

ULTRADERM: Upheld

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

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

Decision rationale: The Expert Reviewer's 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 also no frequency or quantity listed in the current request. Therefore, the request is not medically appropriate. As such, the request for Ultraderm is not medically necessary.

DICLOFENAC 10%: Upheld

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

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

Decision rationale: The Expert Reviewer's 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 also no frequency or quantity listed in the current request. Therefore, the request is not medically appropriate. As such, the request for Diclofenac 10% is not medically necessary.

FLURBIPROFEN 25%: Upheld

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

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

Decision rationale: The Expert Reviewer's 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 also no frequency or quantity listed in the current request. Therefore, the request is not medically appropriate. As such, the request for Flurbiprofen 25% is not medically necessary.

ULTRADERM: Upheld

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

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

Decision rationale: The Expert Reviewer's 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 also no frequency or quantity listed in the current request. Therefore, the request is not medically appropriate. As such, the request for Ultraderm is not medically necessary.