

<b>Case Number:</b>	CM14-0018416		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	08/01/1999
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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, has a subspecialty in Sports Medicine 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 65 year old female who reported an injury on 05/22/2008. The worker was injured to the neck and bilateral upper extremities attributed to the performance of her normal job tasks that reportedly had cumulative trauma and repetitive stress attributed to keyboarding, mousing, phone use, filing, stooping and bending. The psychological progress report dated 08/08/2013 stated the injured worker continued to complain of pain in both wrists and had carpal tunnel surgery on both hands at an unknown date. The progress note from 01/31/2014 described the injured worker complained of worsening pain in her neck, left shoulder, bilateral wrist and lower back. There was not a pain scale used in the documentation. The injured worker also underwent left shoulder surgery in approximately 2009. The request for authorization form was written on 01/20/2014 for compounded analgesic cream and Vibryd 40mg for major depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND ANALGESIC CREAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 22, 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , TOPICAL COMPOUNDED ANALGESICS, 111.

**Decision rationale:** The request for compounded analgesic cream is non-certified. The injured worker has had two surgeries of unknown date and no evidence of physical therapy. The only progress notes submitted were psychological and dental. California Medical Treatment Utilization Schedule states that topical compounded analgesics are recommended as an option as indicated below. 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. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. The progress notes do not state what medications are in the compounded analgesic. There is lack of documentation submitted when the medication was started or where applied. The progress note from 01/31/2014 does not mention a compounded analgesic in use. The request does not mention doses or medications of the analgesic cream. Therefore, the request is not medically necessary.

**VIBRYD 40MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , SELECTIVE SEROTONIN REUPTAKE INHIBITORS, 16.

**Decision rationale:** The request for Vibryd 40mg is non-certified. The injured worker has been seen for depression, dental and pain by different physicians. According to the Chronic Pain Medical Treatment guidelines, a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. The most recent progress report submitted for review does not mention Vibryd as a current medication at that time. There is also no frequency on the request. Therefore, the request is not medically necessary.