

Case Number:	CM14-0118499		
Date Assigned:	08/06/2014	Date of Injury:	01/11/2011
Decision Date:	09/10/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/28/2014

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 Texas & Ohio. 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 40-year-old female who reported an injury on 01/11/2011 due to cumulative trauma. On 05/23/2014, the injured worker presented with neck pain. Upon examination, the injured worker has good range of motion of the cervical spine, a well-healed wound, no swelling, and a midline trachea. There were no focal motor deficits of the upper extremities. The diagnosis was status post cervical fusion doing well. Prior therapy included surgery and medications. The provider recommended Amitriptyline, Dextromethorphan, Tramadol, PenDerm, Ultraderm, Diclofenac, Flurbiprofen and PenDerm cream. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline DT (Amitriptyline 4%, Dextromethorphan 10%, Tramadol 20%, Penderm) 2401gm: Upheld

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

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

Decision rationale: The California MTUS indicates many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, a-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, y agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines and nerve growth factor. There is little to no research to support the use of many of these agents. Additionally, the provider's request does not indicate the site that the cream is indicated for or the quantity in the request as submitted. As such, the request for Amitriptyline DT (Amitriptyline 4%, Dextromethorphan 10%, Tramadol 20%, Penderm) 2401 gm is not medically necessary.

Ultraderm 19.8gm: Upheld

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

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

Decision rationale: The California MTUS indicates many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, a-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, y agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines and nerve growth factor. There is little to no research to support the use of many of these agents. Additionally, the provider's request does not indicate the site that the cream is indicated for or the quantity in the request as submitted. As such, the request for Ultraderm 19.8 gm is not medically necessary.

Diclofen F (Diclofen 10%, Flubiprofen 25%, Penderm) 240gm: Upheld

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

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

Decision rationale: The California MTUS indicates many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, a-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, y agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines and nerve growth factor. There is little to no research to support the use of many of these agents. Additionally, the provider's request does not indicate the site that the cream is indicated for or the quantity in the request as submitted. As such, the request for Diclofen F (Diclofen 10%, Flubiprofen 25%, Penderm) 240 gm is not medically necessary.

Ultraderm 19.5gm: Upheld

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

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

Decision rationale: The California MTUS indicates many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many of these agents. Additionally, the provider's request does not indicate the site that the cream is indicated for or the quantity in the request as submitted. As such, the request for Ultraderm 19.5 gm is not medically necessary.