

Case Number:	CM14-0122606		
Date Assigned:	08/06/2014	Date of Injury:	10/18/2010
Decision Date:	09/25/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/04/2014

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 Occupational Medicine 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:

This patient is a 47y/o male who developed persistent low back pain subsequent to an injury dated 10/18/10. The pain is described as left sided greater than the right side and is associated with left sided spasm. MRI studies show minimal degenerative disc changes without stenosis. No radiculopathy is documented. Oral analgesics consist of Ibuprofen 800 three times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline HCL powder , Dextromethorphan powder, Tramadol powder, Ultraderm Base cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111,112.

Decision rationale: MTUS Guidelines are very specific in recommending only FDA approved topical agents. They also state that if an ingredient in a compounded product is not FDA approved the compound is not recommended. The compounded Amitriptyline HCL powder, Dextromethorphan powder, Tramadol powder, UltraDerm base cream has at least 2 ingredients (Amitriptyline and Tramadol) that are not FDA approved for topical use. The compounded

Amitriptyline HCL powder, Dextromethorphan powder, Tramadol powder, UltraDerm base cream is not supported by Guidelines. Therefore, this request is not medically necessary.