

Case Number:	CM14-0124792		
Date Assigned:	08/08/2014	Date of Injury:	02/27/2013
Decision Date:	09/18/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/07/2014

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 Pain Management, and is licensed to practice in California and Washington. 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 49-year-old male with a reported date of injury on February 27, 2013. The mechanism of injury was noted to be a lifting injury. His diagnoses were noted to include lumbar sprain/strain, lumbar radiculopathy, rotator cuff syndrome, shoulder sprain/strain, and insomnia. His previous treatments were noted to include medications, physical therapy, and chiropractic care. The progress note dated May 29, 2014 revealed the injured worker complained of 10/10 to the left shoulder, as well as 7/10 low back pain. The injured worker denied radiating pain or numbness, tingling, muscle weakness, or paralysis. The injured worker revealed that his pain medications were helpful in alleviating pain symptoms. The physical examination revealed tenderness to palpation at the L4-5 paravertebral muscle regions bilaterally with a positive straight leg raise test. The physical examination to the left shoulder revealed tenderness to palpation to the posterior rotator cuff region of the left shoulder with abduction and internal rotation. The request for authorization form with an unknown date was for pain regimen creams to the lumbar and left shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

240 grams of Amitriptyline 4%/Dextromethorphan 10%/Tramadol 20%: 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 injured worker has been utilizing this medication since at least 04/2014. The California Chronic Pain Medical Treatment Guidelines indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Amitriptyline has not been FDA approved as a topical analgesic. The formulation of topical tramadol has not been FDA approved. Dextromethorphan has not been FDA approved as a topical analgesic. Therefore, the guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended and amitriptyline, tramadol, and dextromethorphan are not recommended as topical analgesics. Additionally, the request failed to provide the frequency in which this medication is to be utilized. Therefore, the request for 240 grams of Amitriptyline 4%/Dextromethorphan 10%/Tramadol 20% is not medically necessary or appropriate.

240 grams of Capsaicin 0.025%/Flurbiprofen 15%/Tramadol 15%/Menthol 2%/Camphor 2%: 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 Chronic Pain Medical Treatment Guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines also indicate that Topical NSAIDs (non-steroidal anti-inflammatory drugs) have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period.