

<b>Case Number:</b>	CM14-0151566		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	02/09/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, shoulder, elbow, and wrist pain reportedly associated with an industrial injury of February 9, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; muscle relaxants; transfer of care to and from various providers in various specialties; topical compounds; earlier rotator cuff repair surgery; and reported return to work. In a Utilization Review Report dated August 19, 2014, the claims administrator retrospectively denied a topical compounded cream. The claims administrator suggested that the applicant was working regular duty in its Utilization Review Report. The applicant's attorney subsequently appealed. In a July 11, 2014 progress note, the applicant reported multifocal mid back, neck, low back, bilateral arm, and bilateral hand pain. The applicant was returned to regular duty work (on paper), although it was not clearly stated whether the applicant was in fact working or not. The applicant was given prescriptions for Ultracet, Naprosyn, Elavil, and Prilosec. On March 7, 2014, the applicant was again given prescriptions for Naprosyn, Protonix, Elavil, and Ultracet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective use of Amitriptyline/Dextromethorphan/Tramadol (TRAMDEX) (1X4)  
DOS: 04/26/13, 05/28/13, 08/16/13, and 12/06/13: 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 topic. Page(s): 111.

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental." In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Naprosyn, Elavil, Ultracet, etc. effectively obviates the need for the largely experimental topical compound at issue. Therefore, the request was not medically necessary.