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| Case Number: | CM14-0023206 | | |
| Date Assigned: | 05/14/2014 | Date of Injury: | 06/17/2002 |
| Decision Date: | 07/10/2014 | UR Denial Date: | 02/11/2014 |
| Priority: | Standard | Application Received: | 02/24/2014 |

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 patient is a 36 year-old male with date of injury 06/17/2002. The medical record associated with the request for authorization, a primary treating physician's progress report, dated 01/14/2014, lists subjective complaints as lumbar spine and left leg aching pain together with left upper extremity weakness and periodic spasming. Patient underwent left upper extremity thoracic outlet syndrome surgery on 10/28/2013. His symptoms are a direct result of surgery. Objective findings: Examination of the cervical spine revealed the patient's head and neck motion remain constricted. There was tenderness in the area of incision. Examination of the left shoulder revealed abduction was limited to 140 degrees. Flexion was limited to 140 degrees. Examination of the lumbar spine revealed the patient had paraspinous spasm along with left-sided leg pain and mild sciatica. He had difficulty with bending and rotation. There was myofascial tenderness throughout. Diagnosis: 1. Previous left shoulder instability 2. Cervical sprain/strain syndrome 3. Lumbar discopathy 4. Severe neurologic hypertensive and thoracic outlet symptomology 5. Status post thoracic neurovascular decompression. The medical records provided for review show no evidence the patient was prescribed the following medications at any time prior to the request for authorization on 01/14/2014. Medication: 1. Amitramadol - DM Ultracream (Amitriptyline 4%/tramadol 20%/dextromethorphan 10%) 240gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMITRAMADOL-DM ULTRACREAM AMITRIPTYLINE 4%/TRAMADOL 20%/DEXTROMETHOPHAN 10%- 240GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic or for topical application. Amitramadol-Dm Ultracream Amitriptyline 4%/Tramadol 20%/Dextromethophan 10% - 240gm is not medically necessary.