MAXIMUS Federal Services

Case Number:	CM14-0024849		
Date Assigned:	06/13/2014	Date of Injury:	01/09/2002
Decision Date:	08/11/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/27/2014

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 and Pain Medicine and is licensed to practice in Texas. 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 73 year old female injured on 01/09/02 due to undisclosed mechanism of injury. Current diagnoses included discogenic syndrome of the cervical spine/lumbar spine, bilateral knee replacement, anxiety, plantar fasciitis, fibromyalgia, cystocele, and depression. Clinical note dated 12/19/13 indicated the injured worker presented complaining of neck pain, left arm pain, right hand pain, increasing depression, and increasing back pain. The injured worker reported oral medications caused gastric upset and nausea with increasing doses. The injured worker also reported pain and muscle spasms had increased in severity resulting in recent emergency department visit. The injured worker was requesting to utilize Baclofen for increasing muscle spasm. The injured worker reported OxyContin 20mg was the maximum dose she could tolerate; however, her pain remained intolerable with current medication regimen. Medication regimen included Lortab 10mg four times daily, Ambien 10mg every evening, valium 10mg once daily, Cymbalta 30mg once daily, Elavil 25mg two tablets every evening, Baclofen 10mg twice daily, and Opana ER 20mg twice daily. The initial request for MED ADT TD cream was non-certified on 01/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED ADT TD CREAM/: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: Based on review of the records provided, the request for Med ADT TD cream is not supported as medically necessary. It is unclear the medication or components of the medication being requested. Documents discuss the compound components to be Amitriptyline, Dextromethorphan, and Tramadol. The components have not been approved by the United States Federal Drug Administration for transdermal use. Additionally, the request lacked a dose, frequency, and number of refills limiting the ability to appropriate review the medication. As such, the request for Med ADT TD cream cannot be recommended as medically necessary at this time.