

<b>Case Number:</b>	CM14-0027971		
<b>Date Assigned:</b>	06/18/2014	<b>Date of Injury:</b>	12/10/2011
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 pain reportedly associated with an industrial injury of December 10, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and various interventional spine procedures. The applicant's medication list was not detailed in a November 21, 2013 medical-legal evaluation. On June 27, 2013, the applicant was described as using a variety of medications, including oral Ultram as well as topical compounded Medrox patches and a topical compounded amitriptyline-dextromethorphan-tramadol patch. The applicant was described as not working at that point in time. There was no discussion of medication efficacy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR THE MEDICATION PRESCRIBED(AMITRIP/DETRO/TRAM DURATION AND FREQUENCY UNKNOWN DISPENSED ON 6/27/12 TO 7/27/12: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of a first-line oral pharmaceutical, namely oral Tramadol, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounded agents such as the amitriptyline-dextromethorphan-tramadol cream requested here. Therefore, the request was not medically necessary.