

<b>Case Number:</b>	CM14-0030696		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/01/2003
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 51 year old female with date of injury 12/1/2003. The mechanism of injury is stated as overuse injury during work as a courtroom assistant. The patient has complained of neck pain, right wrist and right hand pain since the date of injury. She has been treated with physical therapy, corticosteroid injections and medications. Plain films of the cervical spine performed in 07/2013 revealed an anterior bone spur and disc disease at C5-6. Objective: decreased range of motion of the cervical spine; positive Tinel's sign right wrist, painful range of motion of the right wrist, decreased sensation in the median nerve distribution right hand; Diagnoses: cervical spine degenerative disc disease, carpal tunnel syndrome right wrist. Treatment plan and request: Amitramadol, transdermal cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitramadol-DM 4%20%10% Transdermal Cream #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

**Decision rationale:** This 51 year old female has complained of cervical spine pain, right wrist and right hand pain since date of injury 12/1/2003. She has been treated with physical therapy, corticosteroid injections and medications. The current request is for Amitramadol transdermal cream. The use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Amitramadol transdermal cream is not indicated as medically necessary.