

<b>Case Number:</b>	CM14-0031142		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/05/2009
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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, has a subspecialty in 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 48 year old male who sustained an injury on 12/05/09. No specific mechanism of injury was noted. The injured worker has been followed for a history of right carpal tunnel syndrome. Due to the lack of response to conservative treatment, the injured worker underwent a right carpal tunnel release in November of 2013 followed by postoperative physical therapy. The clinical report on 01/03/14 noted that the injured worker had postoperative soreness and pain in the right hand and wrist with pain scores 8/10 on the visual analog scale. Physical examination noted abnormal skin color and temperature in the right hand versus the left. Tinel's and Phalen's signs were negative. There was diffused tenderness to palpation in the right forearm without evidence of swelling. Range of motion in the right upper extremity was intact. Medications at this evaluation did include the use of Norco, Xanax, and Zolpidem. No substantial side effects were noted with medications. The injured worker was referred for a psychiatric consult regarding anxiety and depression. Medications were continued at this visit and the injured worker was prescribed Tramadol 50mg, quantity 90 for pain. The submitted request for Amitramadol-DM transdermal 240 grams and Gabaketolido transdermal 240 grams were both denied by utilization review on 02/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMITRAMADOL-DM (AMITRIPTYLINE 4%/TRAMADOL 20%/DEXATROMETHORPHAN 10%) TRANSDERM 240GM: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**Decision rationale:** This compounded topical medication includes Amitriptyline, Tramadol, and Dextromethorphan. Per Chronic Pain Medical Treatment Guidelines, topical compounded medications are largely considered experimental and investigational due to the lack of evidence in the clinical literature establishing that compounded topical medications are any more beneficial than standard oral medications. There is no indication from the request that the injured worker had failed reasonable trials of oral antidepressants and the injured worker was actively being prescribed oral Tramadol with no reported side effects. Given the absence of any clinical indication that oral medications had failed or were otherwise contraindicated, this reviewer would not have recommended this request as medically necessary based on Chronic Pain Medical Treatment Guidelines.

**GABAKETOLIDO (GABAPENTIN 6%/KETOPROFEN 20%LIDOCAIN 6.15%)  
TRANSDERM 240GM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**Decision rationale:** This compounded topical medication includes Gabapentin, Ketoprofen, and Lidocaine. Per Chronic Pain Medical Treatment Guidelines, topical compounded medications are largely considered experimental and investigational due to the lack of evidence in the clinical literature establishing that compounded topical medications are any more beneficial than standard oral medications. There is no indication from the request that the injured worker had failed reasonable trials of oral antidepressants and the injured worker was actively being prescribed oral Tramadol with no reported side effects. Given the absence of any clinical indication that oral medications had failed or were otherwise contraindicated, this reviewer would not have recommended this request as medically necessary based on Chronic Pain Medical Treatment Guidelines.