

Case Number:	CM14-0033338		
Date Assigned:	06/20/2014	Date of Injury:	04/09/2012
Decision Date:	08/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/17/2014

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 claimant was injured on 04/09/12. The compound medication amitriptyline/dextromethorphan/ tramadol/Penderm and diclofenac/ibuprofen/penderm are under review. The claimant has chronic pain that involves his neck, mid back, and right shoulder. He has received acupuncture. Examination revealed cervical spine tenderness and positive Spurling's sign with decreased range of motion. He also had thoracic spine tenderness. His right shoulder was tender with full range of motion and impingement sign. He was diagnosed with cervical radiculitis, thoracic sprain, and right shoulder impingement. He was evaluated on 04/09/12 by [REDACTED]. He had slipped and fallen. X-rays were generally unremarkable. In 2012 he was given tramadol. An MRI was done for the cervical spine that showed disc herniations at C4-5 and C5-6. A right shoulder MRI was also done and there was mild tendinosis of the supraspinatus tendon and minimal degenerative change at the acromioclavicular joint. He attended physical therapy. He reported acupuncture was not helping when he was seen on 06/18/12. He was prescribed extracorporeal shockwave therapy for the cervical spine, a TENS unit and spinal brace and treatment by pain management. Electrodiagnostic studies showed right carpal tunnel syndrome that was mild and right chronic active C5-6 radiculopathy. He was also treated with Tylenol with Codeine in April 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS: 6/6/12) for compound: Amitriptyline, Dextromethorphan, Tramadol & Penderm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for compound amitriptyline/dextromethorphan/tramadol/penderm. The CA MTUS page 143 state topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical amitriptyline and tramadol are not recommended by the MTUS. There is no evidence of failure of all other first line drugs. There is no mention of any indications for topical medications in the records. The claimant's pattern of use and the benefit to the claimant of the use of this type of compound agent has not been submitted in the records. It is not clear under what circumstances this compound medication was prescribed. Therefore, the retrospective request (DOS: 6/6/12) for compound: Amitriptyline, Dextromethorphan, Tramadol & Penderm is not medically necessary and appropriate.

Retrospective request (DOS: 6/6/12) for compound Diclofenac, Flurbiprofen, & Penderm:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for compound diclofenac/flurbiprofen/penderm. The CA MTUS page 143 state topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical amitriptyline and tramadol are not recommended by the MTUS. There is no evidence of failure of all other first line drugs. There is no mention of any indications for topical medications in the records. The claimant's pattern of use and the benefit to the claimant of the use of this type of compound agent has not been submitted in the records. It is not clear under what circumstances this compound medication was prescribed. Therefore, retrospective request (DOS: 6/6/12) for compound Diclofenac, Flurbiprofen, & Penderm is not medically necessary and appropriate.

