

<b>Case Number:</b>	CM14-0037320		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/27/2004
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 54 year old male who was injured on 2/13/04 and 2/27/04 in multiple vehicle accidents, and again was injured in another vehicle accident on 1/2/14 which caused a worsening of his left shoulder pain (which existed prior to the last accident) and low back pain, which has been his primary complaint. He was diagnosed with chronic signal sprain/strain syndrome, thoracic degenerative disc disease, lumbar retrolisthesis and stenosis, lumbar disc protrusion, and sciatica. He also had a medical history that was significant for liver and kidney disease/issues (no lab results or tests to confirm this from the reviewer's point of view) which was at least one of the reasons he was recommended topical medications, including the ones requested for review to help control his pain. It is not clear as to how or how long the worker used these topical medications. He was also treated with physical therapy and Orthrostim unit. He was seen on 1/17/14 complaining of his lower back pain which radiates to both his legs with numbness and tingling in both legs as well. He reported the severity of this pain at 8/10 in his back and 7/10 in his legs (on the pain scale). No mention of what the pain level was with or without medication use.

### 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% Dexamethorphan 10%), 240g:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics/Compounded medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines does not specifically address topical use of Amitramadol, or its separate medication ingredients. But the MTUS does require that for opioid use in general (topical or oral), there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. The reasoning for topical use seems logical and warranted in the case of this worker if he had liver and kidney disease, but it still requires full review of his medications for pain relief and functional improvement in order to continue prescribing them. There was no evidence in the notes provided for review to suggest this review was done on the patient's use of this topical medication, therefore, the Amitramadol - DM is not medically necessary.

**Gabapentin 6% Ketoprofen 20% Lidocaine HCL 6.15%, 240g:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics/Compounded Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Gabapentin Page(s): 113.

**Decision rationale:** The MTUS Chronic Pain Guidelines states that topical analgesics may be considered in certain circumstances and depending on which medications are used. Topical use of gabapentin is not recommended, however, as there is no peer-reviewed literature to support its use. Therefore the Gabapentin, ketoprofen, lidocaine combination topical analgesic is not medically necessary.