

Case Number:	CM14-0042085		
Date Assigned:	06/20/2014	Date of Injury:	04/28/2004
Decision Date:	07/18/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/14/2014

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 Emergency Medicine and is licensed to practice in New York. 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 58-year-old male who was injured on April 28, 2004. The patient continued to experience bilateral foot and ankle pain. Physical examination was notable for tenderness to palpation to the plantar fascia, calcaneus, and Achilles tendon of each lower extremity. Diagnoses included bilateral osteochondritis and bilateral ankle strain. Treatment included home exercises, TENS unit, and medications. Request for authorization for topical compound amitramadol-DM was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL COMPOUND AMITRAMADOL DM #240GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Page(s): 15, 93, 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate: Dextromethorphan.

Decision rationale: Amitramadol-DM is a topical analgesic containing amitriptyline, tramadol, and dextromethorphan. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly

prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Amitriptyline is a tricyclic antidepressant. Tricyclic antidepressants are recommended as an oral agent for neuropathic pain. They are not recommended as topical agents. Amitriptyline is therefore not recommended. Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's (Selective Serotonin Reuptake Inhibitors), TCA's (Tricyclic antidepressants) and other opioids. It is not recommended as a topical agent. Dextromethorphan is a medication used as a cough suppressant. It is not recommended as a topical analgesic. This medication contains 3 drugs that are not recommended. The request of topical compound Amitramadol DM #240gm is, therefore, not medically necessary and appropriate.