

<b>Case Number:</b>	CM14-0047416		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/26/2011
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 injured his low back on 10/26/11 and a compound topical medication is under review. On 11/05/12, he still had symptoms of anxiety and difficulty sleeping. He was doing home exercises. He was prescribed Motrin and Soma. He had an initial orthopedic evaluation on 12/03/12. He still had very high pain levels. He also complained of ankle pain. He had received physical therapy and acupuncture about 4 months before and attended 30 sessions that gave him no help at all. He was taking alprazolam and hydrocodone. An MRI was done on 03/08/12 that revealed multilevel findings of disc protrusions indenting the thecal sac at multiple levels. There was also evidence of bilateral neural foraminal stenosis. He has been prescribed an LSO brace and topical medications along with Flexeril, Ultram ER, Anaprox DS, Prilosec, tramadol, and Prilosec. He had an abnormal EMG that revealed right S1 denervation on 06/22/12. At that time he was taking alprazolam, chlorthalidone, and hydrocodone. He was prescribed tramadol in August 2012. There are no recent office notes. There is a case reviewed dated 04/03/14 that indicates that only notes from 2011 at 2012 were reviewed. The claimant was reportedly prescribed amitriptyline/dextromethorphan/tramadol compound cream. It appears that this was prescribed in June 2012.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMITRIPTYLINE/DEX TROMETHORPHAN/ TRAMADOL Compound Cream: 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; MEDICATIONS FOR CHRONIC PAIN Page(s): 143; 94.

**Decision rationale:** The history and documentation do not objectively support the request for amitriptyline/dextromethorphan/tramadol compound cream. The MTUS 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence of failure of all other first line drugs and the claimant has been prescribed multiple oral medications with no evidence that they were stopped due to intolerance or lack of effectiveness, though he did have ongoing pain. Topical amitriptyline and tramadol are not recommended by MTUS. The MTUS also states before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. The medical necessity of this request for amitriptyline/dextromethorphan/tramadol compound cream has not been clearly demonstrated.