

<b>Case Number:</b>	CM14-0048457		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/24/2007
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 42-year old female who was injured on 9/24/2007. The diagnoses are bilateral lower extremities neuropathy, insomnia and fibromyalgia. There is a history of stable diabetes mellitus and GERD (Gastroesophageal Reflux Disease). [REDACTED], an Internist is managing the hypertension and cardiac disease. A cardiac echo and EKG work up was done on 3/10/2014. The hand written notes from [REDACTED] was not detailed. The patient reported significant pain relief with the use of the prescribed medications. The medications are Lyrica, Savella and compound topical cream for pain and Elavil for neuropathy and insomnia. A Utilization Review determination was rendered on 4/9/2014 recommending non certification for Elavil 50mg #30 and Topical Compound cream product.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Topical Compound: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 111-113.

**Decision rationale:** The CA MTUS addressed the use of topical analgesic preparations for the treatment of neuropathic pain and osteoarthritis. Topical analgesic preparations can be utilized when trials of anticonvulsants and antidepressants are ineffective, cannot be tolerated or have failed. The record indicate that the patient is responding to treatment with Elavil, Lyrica and Savella. The compound preparation contains ketoprofen and lidocaine in unknown concentration. The guideline does not support the use of lidocaine in any formulation other than as Lidoderm. The use of Topical ketoprofen is associated with a high incidence of photodermatitis. The criteria for the use of this topical compound preparation were not met. Therefore, 1 Topical Compound is not medically necessary.

**1 Elavil 50mg #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.nlm.nih.gov/medlineplus/druginfo/meds>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines addressed the use of antidepressants for the treatment of neuropathic pain. Antidepressants are especially effective when there are co-existing insomnia, depression and anxiety symptoms. Assessment of treatment efficacy should include pain outcomes, ADL/physical function, changes in analgesic medications use, sleep quality and psychological status. The record indicates that the use of Elavil was very effective in the treatment of pain and insomnia. The patient is also under the care of [REDACTED], an Internist who is doing the required cardiac tests for patients on chronic Elavil treatment. The medication was said to be non-certified because the brand Elavil is no longer available. The medication is still available in the form of generic amitriptyline and other brand names. The criteria for the use of amitriptyline 50mg #30 were met. Therefore, 1 Elavil 50mg #30 is medically necessary.