

<b>Case Number:</b>	CM14-0054180		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/18/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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:

Per the records provided, this claimant was injured on 5-18-12 with a reported C4-5 and C5-6 disc herniation with left sided radiculopathy and a left L5-S1 radiculopathy. She also had right wrist and ulnar styloid pain and neck pain. There was also alleged pre-existing knee arthritis, headaches, whiplash, resolving left wrist sprain and right wrist pain. The doctor notes on his examination from February 18, 2014 that there was a mild neck torticollis to the left. Head compression was markedly positive. Diagnoses ascribed in earlier notes were also C4-5 and C5-6 disc herniation with left sided radiculopathy, L5-S1 left sided radiculopathy, pre-existing knee arthritis, headaches due to whiplash, resolving left wrist strain, and right wrist pain. Botox injections allegedly helped temporarily. She works as a social worker. An MRI was requested. The doctor cites the MTUS, that the agents are applied locally to painful areas, with decreased systemic side effects, but this is the only citation but other MTUS criteria were not addressed in the treating physician's note. Other medicines are Protonix and Motrin. There were past requests for a full ergonomic workstation, consultation with a dentist, and neurologist, Protonix, Ibuprofen, and orthopedic re-evaluations. Electrodiagnostics from March 2014, showed a mild to moderately severe right median neuropathy at the wrist, but no cervical radiculopathy, brachial plexopathy, myopathy or any other mononeuropathies of the upper limbs or extremities.

### 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%, dextromethorphan 10%) transder apply 2-3 times a day: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS Page(s): 111.

**Decision rationale:** The MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Treatments without proven efficacy through peer reviewed studies simply should not be used for this or any claimant's medical care. MTUS further notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear that there is true neuropathic pain, or that primary medicines had been tried and failed. Further, the electrodiagnostic studies show only a compressive median neuropathy, but not other radicular or other forms of neuropathy. Finally, per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This compounded medicine contains several medicines untested in the peer review literature for effectiveness for use topically. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required, but the provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. Dextromethorphan, an impeded narcotic generally used in cough medicine, is not medically logical in a topical capacity. The request therefore was appropriately non-certified.

**Gabketolido (gabapentin 6%, Ketoprofen 20%, lidocaine 6.15%) transderm 240gm:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS Page(s): 111.

**Decision rationale:** As cited before, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Treatments without proven efficacy through peer reviewed studies should not be used for this claimant's medical care. MTUS further notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Further, the electrodiagnostic studies show only a compressive median neuropathy, but not other radicular or other forms of neuropathy. Finally, per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This compounded medicine contains several medicines untested in the peer review literature for effectiveness for use topically. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe

each of the agents, and how they would be useful in this claimant's case for specific goals. The request therefore was appropriately non-certified.