

Case Number:	CM14-0081567		
Date Assigned:	07/18/2014	Date of Injury:	03/12/2009
Decision Date:	09/12/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/02/2014

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 Physical Medicine and Rehabilitation 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:

This 36 year-old patient sustained an injury on 3/12/09 while employed by [REDACTED]. Request(s) under consideration include 240GM Amitriptyline 4%, Dextromethorphan 10%, Tramadol 20%. Topical compound analgesic was previous non-certified on 12/3/13 noting lack of functional benefit from previous use and gabapentin not recommended as topical formulation. Report of 4/21/14 from the provider noted the patient with ongoing chronic neck pain rated at 9/10 without medications and 8/10 with. Pain radiates to upper extremities with associated numbness and tingling; shoulder pain rated at 9/10; lower back pain rated at 8/10 radiating to right lower extremity; bilateral wrist pain rated at 9/10 with difficulty sleeping. Exam showed cervical and lumbar spine with diffuse tenderness and restricted range in all planes with myospasm; shoulder tenderness at bilateral AC joint and subacromial regions, with myospasm; positive impingement sign with decrease range; wrist tenderness with decreased range. Diagnoses included cervical disc displacement with radiculopathy/ sprain/strain; lumbar disc displacement with radiculopathy/ sprain/strain; wrist strain/sprain; shoulder rotator cuff syndrome; and insomnia. Treatment included UDS, oral Cyclobenzaprin, and Naproxen and topical compounds; right shoulder injection; The patient remained off work and TTD. Request(s) for 240GM Amitriptyline 4%, Dextromethorphan 10%, Tramadol 20% was non-certified on 5/13/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

240GM Amitriptyline 4%, Dextromethorphan 10%, Tramadol 20%: 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 Page(s): 111-113.

Decision rationale: This 36 year-old patient sustained an injury on 3/12/09 while employed by [REDACTED]. Request(s) under consideration include 240GM Amitriptyline 4%, Dextromethorphan 10%, Tramadol 20%. Topical compound analgesic was previous non-certified on 12/3/13 noting lack of functional benefit from previous use and gabapentin not recommended as topical formulation. Report of 4/21/14 from the provider noted the patient with ongoing chronic neck pain rated at 9/10 without medications and 8/10 with. Pain radiates to upper extremities with associated numbness and tingling; shoulder pain rated at 9/10; lower back pain rated at 8/10 radiating to right lower extremity; bilateral wrist pain rated at 9/10 with difficulty sleeping. Exam showed cervical and lumbar spine with diffuse tenderness and restricted range in all planes with myospasm; shoulder tenderness at bilateral AC joint and subacromial regions, with myospasm; positive impingement sign with decrease range; wrist tenderness with decreased range. Diagnoses included cervical disc displacement with radiculopathy/ sprain/strain; lumbar disc displacement with radiculopathy/ sprain/strain; wrist strain/sprain; shoulder rotator cuff syndrome; and insomnia. Treatment included UDS, oral Cyclobenzaprin, and Naproxen and topical compounds; right shoulder injection; The patient remained off work and TTD. Request(s) for 240GM Amitriptyline 4%, Dextromethorphan 10%, Tramadol 20% was non-certified on 5/13/14. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2009 without documented functional improvement from treatment already rendered. The 240GM Amitriptyline 4%, Dextromethorphan 10%, Tramadol 20% is not medically necessary and appropriate.