

<b>Case Number:</b>	CM14-0029542		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	02/05/2003
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 male with a work injury dated 2/5/13. The diagnoses include cervical discogenic syndrome; lumbar discogenic syndrome; muscle spasm; cervical radiculopathy; cervical nerve root compression; hypertension; diabetes; insomnia; fibromyalgia. Under consideration are requests for Flexeril 10mg #90; Retro:ADT TD Creme (Amitriptyline 4%; Dextromethorphan 10%; Tramadol 20%) 30 gm, (4/21/13 and 6/18/13)Per documentation a 6/18/13 document states that the patient got relief from the L1 segmental nerve root block on 4/30/13. The patient has muscle spasm and trigger points in the low back. The patient has right hand and arm numbness and pain. The patient complains of neck pain radiating to both arms; knee pain; gastric upset from medication. The patient has additional relief from oral medication when the patient can't take the oral medication due to side effects. The current meds are Norco; Anaprox and Zanaflex. There is pain in the neck and right arm and low back pain and muscle spasm. There is bilateral leg pain. There is less right thigh numbness and numbness in the right leg in the lateral calf. There is absent right knee and ankle jerk and 1+ left ankle and 2+ left knee jerk. There is fibrosis and trigger points in the neck, shoulder, low ack. The right thumb is numb to touch. There are requests for Norco; Zanaflex; and ADT topical cream

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL 10MG, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42 and 64.

**Decision rationale:** Flexeril 10mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Flexeril is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine long term. There is no evidence of functional improvement from prior use. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Cyclobenzaprine is not medically necessary.

**RETRO: ADT TD CREME (AMITRIPTYLINE 4% , DEXTROMETHORPHAN 10%, TRAMADOL 20%) 30GM, (4/21/13):** 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:** Retro:ADT TD Creme (Amitriptyline 4%; Dextromethorphan 10%; Tramadol 20%) 30 gm, (4/21/13) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines do not specifically support Amitriptyline, Tramadol, or Dextromethorphan but do state that many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many of these agents. Topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation does not indicate failure of anticonvulsants and antidepressants. There is little to no research to support the ingredients in this compounded topical analgesic. The request is therefore not medically necessary.

**RETRO: ADT TD CREME (AMITRIPTYLINE 4% , DEXTROMETHORPHAN 10%, TRAMADOL 20%) 30GM, (6/18/13):** 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:** Retro:ADT TD Creme (Amitriptyline 4%; Dextromethorphan 10%; Tramadol 20%) 30 gm, (6/18/13) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines do not specifically support Amitriptyline, Tramadol, or Dextromethorphan but do state that many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many of these agents. Topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation does not indicate failure of anticonvulsants and antidepressants. There is little to no research to support the ingredients in this compounded topical analgesic. The request is therefore not medically necessary.