

Case Number:	CM15-0007061		
Date Assigned:	01/26/2015	Date of Injury:	11/14/2011
Decision Date:	03/25/2015	UR Denial Date:	12/28/2014
Priority:	Standard	Application Received:	01/13/2015

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: TR, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 65 year old female, who sustained an industrial injury on 11/14/11. She has reported chronic low back and ankle pain. The diagnoses have included lumbar radiculopathy, lumbar disc herniation and depression. Treatment to date has included diagnostic studies, electrodiagnostic studies, oral medications, physical therapy, psychological sessions and epidural injections. As of the PR2 dated 9/16/14, the injured worker had undergone lumbar spinal surgery on 10/19/13. She was still reporting 4/10 back pain and numbness in her left leg and foot. The AME report dated 11/24/14 indicated that the injured worker was still having low back pain with radiating pain down both legs. The treating physician is requesting Ami-Tramadol DM 4%20%/10% Ultraderm Base Cream that was prescribed on 5/28/13. On 12/28/14 Utilization Review non-certified a request for Ami-Tramadol DM 4%20%/10% Ultraderm Base Cream that was prescribed on 5/28/13. The UR physician cited the MTUS chronic pain medical treatment guidelines. On 1/13/15, the injured worker submitted an application for IMR for review of Ami-Tramadol DM 4%20%/10% Ultraderm Base Cream that was prescribed on 5/28/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ami-Tramadol DM 4%20%/10% Ultraderm Base Cream (Date of Service: 05/28/2013): 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS guidelines describe topical medications such as Amitramadol as largely experimental, and without strong supporting documentation of intolerance to other medications, etc., there is little indication for the medical necessity of such a compound at this time. The patient has been getting relief from Norco, which indicates there is a modality currently in place that provides pain control, and no documentation of medication intolerance is evident in the provided records. In the case that Norco is considered for a slow taper to discontinuation, it is possible that other medications may be required to cover pain during treatment transition, however, even in this case, without formal medication intolerance, etc., it is unlikely that experimental topicals would provide the greatest option for treatment. The request for Amitramadol DM 4%/20%/10% Ultraderm Base Cream prescribed on May 28, 2013 is therefore not considered medically necessary given the provided records.