

<b>Case Number:</b>	CM15-0206752		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	06/25/2008
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54 year old male, who sustained an industrial injury on 6-25-2008. The injured worker is undergoing treatment for status post arthroscopic triangular fibrocartilage complex (TFCC) tear repair, left wrist carpal row arthrosis, right wrist overuse tendinitis, rule out rheumatoid arthritis and cervical discopathy. Most recent medical records provided dated 7-1-2015 indicates the injured worker complains of neck and bilateral wrist and hand pain. He rates the neck pain 7 out of 10 and the wrist and hand pain 9 out of 10. Physical exam dated 7-1-2015 notes well healed surgical scars of the right wrist with "mild enlargement" and finger deformity and left wrist "thickening" and finger deformity. Treatment to date has included electromyogram-nerve conduction study, surgery, Celebrex, Norco, Prilosec and glucosamine-chondroitin. The original utilization review dated 10-2-2015 indicates the request for compound of Tramadol HCL 100%, Ultraderm Base 100%, Dextromethorphan 100%, Amitriptyline 100%, 120g is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound of Tramadol HCL 100%, Ultraderm Base 100%, Dextromethorphan 100%, Amitriptyline 100%, 120g: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. This request is not medically necessary.