

Case Number:	CM15-0049337		
Date Assigned:	03/23/2015	Date of Injury:	05/01/2012
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/16/2015

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: California

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 49 year old female, who sustained an industrial injury on February 17, 2015. She reported a repetitive injury. The injured worker was diagnosed as having lumbar spine sprain/strain, cervical spine sprain/strain, bilateral shoulder sprain/strain, and right hand sprain/strain. Treatment to date has included medications, electrical nerve stimulation unit, acupuncture, magnetic resonance imaging, and functional capacity evaluation. On July 24, 2014, she was seen for low back pain with weakness. The treatment plan includes: chiropractic treatment, acupuncture, electrodiagnostic studies, medications, transcutaneous electrical nerve stimulation, and extracorporeal shockwave therapy. The request is for Amitriptyline/Dextromethorphan/Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline/Dextromethorphan/Tramadol, provided on October 22, 2013, unknown length of need: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 113.

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

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Tramadol is not recommended as a topical agent. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Amitriptyline/Dextromethorphan/Tramadol, provided on October 22, 2013, unknown length of need is not medically necessary.