

<b>Case Number:</b>	CM13-0005274		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	04/10/2003
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2013

### 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 & 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:

According to the records made available for review, this is a 53-year-old male with a 4/10/03 date of injury. At the time (7/3/13) of request for authorization for compound of Tramadol Amitriptyline Dextromethor Powder Sterile Water Ethoxy Ethnl Dimethyl Pentravan, there is documentation of subjective (continued chronic neuropathic pain over the left shoulder with associated muscle spasms, which may extend into the shoulder into the left side of the neck and numbness in the left hand) and objective (diffuse tenderness around the left shoulder in the region of the scarring over the left distal clavicle region, persistent touch allodynia, significant muscle spasm in the left trapezius and levator scapular muscle, tenderness over the medial aspect of the left elbow, and hypesthesia in the ulnar distribution of the left forearm including the fourth and fifth digits of the left hand) findings, current diagnoses (bilateral ulnar neuropathy at the elbow and bilateral carpal tunnel syndrome), and treatment to date (medications (including Norco, Percocet, Tizanidine, and Ambien).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND OF TRAMADOL AMITRIPTYLINE DEXTROMETHOR POWDER  
STERILE WATER ETHOXY ETHNL DIMETHYL PENTRAVAN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section, Page(s): 111-113.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Therefore, based on guidelines and a review of the evidence, the request for compound of Tramadol Amitriptyline Dextromethor Powder Sterile Water Ethoxy Ethnl Dimethyl Pentravan is not medically necessary.