

Case Number:	CM14-0133999		
Date Assigned:	08/25/2014	Date of Injury:	08/09/2000
Decision Date:	09/22/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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:

The patient is a 65 year old male with a date of injury of 08/09/2000. He was working as a ground maintenance worker folding tarps when he had to squat to lift the tarp and had low back pain. He also had an inguinal hernia that was repaired on in 10/2000. He has a history of back pain and in 11/2000 he had a L3-L4 discectomy. In 2002 he had epidural steroid injections and acupuncture. In 2010 he had bariatric surgery for obesity. On 10/10/2011 he had a well healed scar and persistent low back pain. Bilateral straight leg raising was positive. He had decreased sensation over L5-S1. He had an antalgic gait. In 2012 he had pool physical therapy for his back. On 04/23/2014 he was 5'5" tall and weighed 259 pounds. Examination of the spine was deferred. Cranial nerves were intact. On 06/02/2014 the accepted body parts were back, right hip and hernia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Amitriptyline 4%/ Dextromethorphan 10%/ Tramadol 20%/ Ultraderm (DOS 11/08/12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 93, 111-113.

Decision rationale: MTUS notes that topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy and safety." MTUS notes that any compounded product that contains one drug or drug class that is not recommended means that the entire compound drug is not recommended." MTUS also states, "Tramadol is discussed and topical Tramadol is not stated as a recommended treatment." There is no documentation that topical amitriptyline is a recommended treatment. Thus, the entire compound topical is not consistent with MTUS guidelines and the request is considered not medically necessary.

Compound: Diclofenac 10%/ Flurbiprofen 25%/ Ultraderm (DOS 11/8/12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

Decision rationale: MTUS notes that topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy and safety." MTUS notes that "any compounded product that contains one drug or drug class that is not recommended means that the entire compound drug is not recommended." MTUS notes that the "efficacy of topical NSAIDS in clinical trials is inconsistent and that most studies are small and of short duration." Topical Diclofenac has not been documented as effective treatment for back or hip pain. Thus the requested topical compound is not consistent with MTUS guidelines and the request is considered not medically necessary.