

<b>Case Number:</b>	CM14-0135665		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Occupational Medicine 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:

Patient is a 21-year-old male who has submitted a claim for low back pain, mid back, and neck pain, associated with an industrial injury date of 10/01/13. Medical records from May 2014 to October 2014 were reviewed. Patient complained of persistent pain in the neck, shoulder, mid back, and low back pain. According to the patient, the pain began following a fall on a ditch. He hit his head and back. He was brought to the Emergency Room and was found to have "compressed discs" in his cervical X-ray. He was prescribed with Norco and Soma, but he stated that SOMA has not helped him. He has been working his regular job without restrictions. The patient still had left shoulder and lower back pain, which gave him trouble sleeping at night. Physical examination revealed limited range-of-motion in the cervical spine, thoracic spine, and lumbar spine. Lumbar spine X-ray revealed disc narrowing at L5-S1. Treatment to date has included analgesic medication, muscle relaxants, topical compounds, unspecified sessions of chiropractic manipulative therapy, and 12 sessions of physical therapy. Utilization review from August 14, 2014 denied the retrospective request for Amitriptyline- Dextromethorphan- Tramadol dispensed on 5/21/14. The current pain medications obviate the need of compound requested. No rationale for selection of ongoing usage of this compound was provided by the attending provider.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro request for Amitriptyline- Dextrome Thorphan- Tramadol dispensed on 5/21/14:**  
Upheld

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

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

**Decision rationale:** As stated on pages 111 to 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Regarding the amitriptyline component, guidelines support its use with Baclofen and Ketamine in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. The guidelines provide no evidence-based recommendations regarding the use of topical dextromethorphan. Regarding the Tramadol component, guidelines do not support the use of Tramadol as a topical formulation. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the patient complained of low back, middle back, and left shoulder pain. There was no discussion, however, regarding intolerance to or failure of oral pain medications. Moreover, the medical records do not show evidence of chemotherapy-induced peripheral neuropathy. Furthermore, guidelines do not support the use of topical Tramadol. No rationale for the usage of this compound was provided in records. Therefore, the retrospective request for Amitriptyline-Dextromethorphan-Tramadol dispensed on 5/21/14 is not medically necessary.