

<b>Case Number:</b>	CM14-0144643		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	12/21/2009
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2014

### 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 Family 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 65-year-old female who has submitted a claim for cervical spine sprain/strain, bilateral shoulder impingement syndrome, rule out cubital tunnel syndrome, bilateral medial epicondylitis, and bilateral carpal tunnel syndrome associated with an industrial injury date of 12/21/2009. Medical records from 2013 to 2014 were reviewed. Patient complained of pain at the shoulder, elbow, and hand. Patient likewise reported swelling of the ankles. Physical examination on both shoulders showed restricted motion and tenderness. Both impingement maneuver and Neer's sign were positive. Both Phalen's and Tinel's sign were likewise positive bilaterally. Treatment to date has included home exercise program, physical therapy, and medications. Utilization review from 8/8/2014 denied the requests for Retrospective Amitriptyline/Dedtromethorphan/Tramadol/Penderm 240gm (dos:11/01/2012) and Retrospective Diclofenac/Flurbiprofen/Penderm 240gm (dos:11/01/2012) because of lack of published studies concerning its efficacy and safety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Amitriptyline/Dedtromethorphan/Tramadol/Penderm 240gm (dos:11/01/2012): 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 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug. Dextromethorphan and Penderm are not addressed in the guidelines. The topical formulation of tramadol does not show consistent efficacy. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains amitriptyline and tramadol, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Moreover, progress report from 11/1/2012 was not made available for review. Therefore, the request for Retrospective Amitriptyline/Dextromethorphan/Tramadol/Penderm 240gm is not medically necessary.

**Retrospective Diclofenac/Flurbiprofen/Penderm 240gm (dos:11/01/2012):** 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 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical NSAIDs formulation is only supported for diclofenac in the California MTUS. In addition, there is little to no research as for the use of flurbiprofen in compounded products. The guidelines do not address Penderm. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains flurbiprofen, which is not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Moreover, progress report from 11/1/2012 was not made available for review.