

Case Number:	CM15-0061525		
Date Assigned:	04/07/2015	Date of Injury:	03/22/2013
Decision Date:	05/06/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/01/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 51 year old male who sustained an industrial injury on 3/22/2013. His diagnoses, and/or impressions, include: hypertension (as of 2/1/2014), with bouts of palpitations; cardiac dysrhythmia with extreme tachycardia (Zios monitor 2/20/15); varicose veins, left > right; and multiple orthopedic issues mostly pre-industrial. The history notes pre-industrial injuries/issues that included: a right foot fracture; history of left knee symptoms; right-sided low back pain; left plantar fasciitis, resolved; chronic pain syndrome; left shoulder symptoms; right upper extremity symptoms; hyper-extended right thumb; abnormal neuro-diagnostics with the left ankle, left tibial and left knee; and actinic keratosis, healed. No current magnetic resonance imaging studies are noted; the last magnetic resonance imaging studies were noted on 1/22/2014. Electromyogram and nerve conduction velocity studies were noted to have been done on 9/26/2013. His treatments have included anterior cruciate ligament (ACL) reconstruction surgery (2011), with ACL brace; physical therapy for the lumbar spine, right knee and elbow, and left shoulder; patellar tendon brace; acupuncture treatments; right knee and left shoulder injection therapy; full cardiac evaluation and testing (2/13/15); and medication management, altered over the years. The comprehensive medical-legal evaluation notes of 11/12/2014, noted complaints of daily-weekly heart palpitations with fluttering and racing, and without identifiable triggers. The physician's requests for treatments included Tramadol/Amitriptyline/Dextromethorphan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol/Amitriptyline/Dextromethorphan (DOS 8/8/13): Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains multiple ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.