

<b>Case Number:</b>	CM14-0121334		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/18/2009
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 64-year-old gentleman who was reportedly injured on March 18, 2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated June 18, 2014, indicated that there were ongoing complaints of right shoulder pain. No focused physical examination of the shoulder was performed. A previous note dated February 24, 2014, indicated slightly decreased right shoulder range of motion secondary to pain. There were also a positive impingement test, Neer's test, Hawkin's test, Empty can test, and Speed's test. Diagnostic imaging studies of the right shoulder indicated a complete tear of the supraspinatus tendon with retraction. Previous treatment was unknown. A request was made for Gabapentin 10% /Amitriptyline 10% /Dextromethorphan in a Mediderm base and was not certified in the pre-authorization process on July 1, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**210 GMS GABAPENTIN 10%, AMITRIPTYLINE 10%, AND DEXTROMETHORPHAN IN MEDIDERM BASE BODY PART: ABDOMEN AND CHEST: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine or capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason, this request for Gabapentin/Amitriptyline/Dextromethorphan in a Mediderm base is not medically necessary.