

<b>Case Number:</b>	CM14-0126479		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2014

### 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:

Injured worker is a male with date of injury of 6/10/2013. Per the follow up consultation, the primary treating physician reported, dated 6/12/2014, the injured worker complains of 7/10 low back pain with intermittent right lower extremity symptoms. He complains of refractory radicular component. Physical therapy for the lumbar spine facilitates diminution in axial low back pain, not efficacious in regards to radicular component. He recalls 24 sessions of physical therapy. He indicates that medication enables greater function and activity level. He reports significant decrease in pain with medications. Maintenance of ADLs is appreciated with medication, including caring for self, grocery shopping and essential household duties. He provides examples indicating that ADLs had before been in jeopardy at times prior to current medication. He reports improved adherence to physical methods encouraged, including exercise as well as improved range of motion. He recalls that topical [medications] facilitate significant diminution in radicular pain component, up to 5 points on a scale of 10 with improved tolerance to standing and walking. He recalls failed antiepileptic drug and antidepressant in this regard, and desires to continue. On examination there is tenderness of lumboparaspinal musculature. There is no infection, mild swelling and range of motion is limited in all planes for the lumbar spine. There is diminished sensation in L4 and L5 dermatomal distributions. Gait is mildly antalgic. There are spasms of the lumboparaspinal musculature. Diagnoses include 1) protrusion L4-5 2) lumbar sprain/strain 3) bilateral L5 spondylosis with anterolisthesis and left foraminal stenosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound: Gabapentin 10% Amitriptyline 10% Dextromethorphan 10% 210 mgs:**  
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 section, Page(s): 111-113.

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines do not recommend the use of topical Gabapentin as there is no peer-reviewed literature to support use. Amitriptyline is a tricyclic antidepressant that shares some properties of muscle relaxants. The MTUS Guidelines and ODG do not address the use of amitriptyline or other antidepressants as topical agents for pain; however, the MTUS Guidelines specifically reports that there is no evidence to support the use of topical formulations of muscle relaxants. Dextromethorphan is FDA approved an antitussive. Uses for chronic pain are investigational and experimental. The request for Compound: Gabapentin 10% Amitriptyline 10% Dextromethorphan 10% 210 mgs is determined to not be medically necessary.