

<b>Case Number:</b>	CM14-0169496		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	05/08/2014
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 38-year-old female who has submitted a claim for lumbago, rule out lumbar disc protrusion, rule out lumbar radiculitis versus radiculopathy, left ulnar nerve entrapment, rule out left lateral epicondylitis, and rule out left carpal tunnel syndrome associated with an industrial injury date of 5/8/2014. Medical records from 2014 were reviewed. Patient complained of occasional lumbar spine pain characterized as moderate, achy, stabbing and throbbing, with numbness and tingling sensation. Patient likewise experienced left elbow and left wrist pain described as burning and throbbing. Physical examination of the lumbar spine showed tenderness and normal range of motion. Examination of the left wrist and left elbow showed no bruising, swelling, and atrophy. Range of motion was painful. Treatment to date has included medications such as Flexeril, naproxen, omeprazole, Tylenol, and topical creams (since May 2014). Utilization review from 10/1/2014 denied the request for Compound: Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180 gm 3 x a day because of limited 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:

**Compound: Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180 gm 3 x a day:** 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:** 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. CA MTUS does not support the use of opioid medications and gabapentin in a topical formulation. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug. Dextromethorphan is not addressed in the guidelines. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains gabapentin and amitriptyline, 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. Therefore, the request for Compound: Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180 gm 3 x a day is not medically necessary.