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| <b>Case Number:</b>   | CM14-0039559 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 07/25/2012 |
| <b>Decision Date:</b> | 07/28/2014   | <b>UR Denial Date:</b>       | 03/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/04/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 41-year-old male with a 7/25/12 date of injury. At the time (3/14/14) of request for authorization for Amitramadol-DM transderm 4%/20%/10% 240 gm and gabaketolido transderm 6%/20%/6.15% 240 gm, there is documentation of subjective (neck, low back, and leg pain rated 2/10) and objective (head compression sign very mildly positive, positive Spurling maneuver, exquisite tenderness and muscle spasm at rest and on range of motion, pain on scapular retraction, levator scapula has a knot, diminished biceps reflex, weakness in the deltoid muscle, diminished sensation at the lateral aspect of the deltoid) findings, current diagnoses (C4-5 and C5-6 mild neuroforaminal stenosis and disc protrusion, L4-5 and L5-S1 disc protrusion with minimal residual radiculopathy), and treatment to date (transdermal medications).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitramadol-DM transderm 4%/ 20%/ 10% 240gm:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines identifies that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of C4-5 and C5-6 mild neuroforaminal stenosis and disc protrusion, L4-5 and L5-S1 disc protrusion with minimal residual radiculopathy. However, Amitramadol-DM transderm 4%/20%/10% contains at least one drug (amitriptyline) that is not recommended. Therefore, the request is not medically necessary and appropriate.

**Gabaketolido transderm 6%/ 20%/ 6.15% 240gm:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of C4-5 and C5-6 mild neuroforaminal stenosis and disc protrusion, L4-5 and L5-S1 disc protrusion with minimal residual radiculopathy. However, gabaketolido transderm 6%/20%/6.15% 240 gm contains at least one drug (gabapentin, ketoprofen, and lidocaine) that is not recommended. Therefore, the request is not medically necessary and appropriate.