

<b>Case Number:</b>	CM14-0077385		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/11/2007
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Medicine and is licensed to practice in Texas and Florida. 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 patient was injured on 6/11/2007. The diagnoses are status post left arm/forearm amputation, right de Quervain syndrome, tenosynovitis and right wrist/hand pain. On 3/14/2014, [REDACTED] noted minimal tenderness and a slight decrease in range of motion to the affected parts. The pain score was 4-7/10 on a 0 to 10 scale. There was no sign of Complex Regional Pain Syndrome (CRPS). The patient was noted to have declined steroid injections or oral medications. A Utilization Review determination was rendered on 4/29/2014, recommending non certification for the topical compound Amitriptyline 10% /Dextromethorphan 10%/Gabapentin 10% 210g.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound amitriptyline 10% dextromethorphan 10% gabapentin 10%:** 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:** MTUS Guidelines addressed the use of compound topical products for the treatment of neuropathic pain. It is recommended that topical products be utilized when trials of first line medications such as anticonvulsants and antidepressants are ineffective, cannot be

tolerated or are contraindicated. The guidelines recommend that topical products be utilized and evaluated individually for efficacy. There is a lack of guideline support for the use of Gabapentin and Amitriptyline in non-oral formulations. The records did not show that the patient has failed oral Gabapentin or Amitriptyline products. The criteria for the use of this compound topical has not been met. As such, the request is not medically necessary.