

<b>Case Number:</b>	CM14-0191757		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 is a 51-year-old man who sustained a work-related injury on August 16, 2013. Subsequently, the patient developed chronic right knee pain. On August 26, 2014, the patient underwent a right knee arthroscopic surgery. According to a progress report dated October 24, 2014, the patient complained of intermittent moderate dull, achy, sharp right knee pain, associated with standing and walking. Examination of the right knee revealed mild diffuse swelling. The ranges of motion were decreased and painful. There was tenderness to palpation of the anterior knee, medial knee, and posterior knee. McMurray's was positive. The patient was diagnosed with plantar fasciitis, right knee medial meniscus tear, right knee pain, right knee sprain/strain, and hypertension. The provider requested authorization for Gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10% in Mediderm Base 30gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10% in Mediderm Base 30 GM:**  
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.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Gabapentin or any other compound of the proposed topical analgesic is recommended as topical analgesics for chronic limb pain. Gabapentin is not recommended by MTUS guidelines. Based on the above, the request for Gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10% in Mediderm Base 30gm is not medically necessary.