

<b>Case Number:</b>	CM14-0194987		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	09/06/2012
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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, Acupuncture 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:

54y/o female injured worker with date of injury 9/6/12 with related right shoulder, cervical, and lumbar spine pain. Per progress report dated 4/4/14, physical exam revealed positive impingement sign of the right shoulder, and painful range of motion of the cervical and lumbar spine. Straight leg raise test was positive bilaterally. MRI of the shoulder revealed tendinitis and acromioclavicular joint degenerative joint disease. MRI of the cervical spine revealed 1-2mm herniated nucleus pulposus without mass effect. MRI of the lumbar spine revealed 1-2mm herniated nucleus pulposus with mild neuroforaminal stenosis. Treatment to date has included physical therapy and medication management. The date of UR decision was 10/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10%/Amitriptyline HCL Powder 10%/Dextromethorphan Powder 10%/Mediderm cream base #210 retro 9/11/14:** 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): 60,111-113.

**Decision rationale:** Per MTUS p113 with regard to topical gabapentin: "Not recommended. There is no peer-reviewed literature to support use." Per the article "Topical Analgesics in the Management of Acute and Chronic Pain" published in Mayo Clinic Proceedings (Vol 88, Issue 2, p 195-205), "Studies in healthy volunteers demonstrated that topical amitriptyline at concentrations of 50 and 100 mmol/L produced a significant analgesic effect ( $P < .05$ ) when compared with placebo and was associated with transient increases in tactile and mechanical nociceptive thresholds." Amitriptyline may be indicated. The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of dextromethorphan. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since dextromethorphan and gabapentin are not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually.