

<b>Case Number:</b>	CM14-0197808		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	09/28/2012
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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:

The patient is a 45 year old male with an injury date on 9/28/12. The patient complains of pain in the bilateral knees as well as the low lumbar, a 2.7mm herniation at L5-S1 per 11/3/14 report. The patient also had MRI of bilateral knees which showed effusion and degenerative changes per 11/3/14 report. The patient also has neck pain, upper back pain that has remained unchanged per 10/29/14 report. The patient states that hydrocodone is most beneficial for pain per 11/3/14 report. Based on the 11/3/14 progress report provided by the treating physician, the diagnoses are: 1. Lumbar discopathy and radiculopathy 2. Bilateral knee degeneration and arthritic changes, and joint effusion A physical exam on 11/3/14 showed "L-spine range of motion is limited, with flexion at 50 degrees." Decreased range of motion of bilateral knees per 8/11/14 report. The patient's treatment history includes medications, electrodiagnostic studies of lower extremities, MRI of bilateral knees, acupuncture, physical therapy. The treating physician is requesting gabapentin 15% amitriptyline 10% dextromethorphan 180gram. The utilization review determination being challenged is dated 11/14/14. The requesting physician provided treatment reports from 5/1/14 to 11/3/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 15 Percent Amitriptyline 10 Percent Dextromethorphan 180 Gram:** 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 analgesic; Salicylate Topicals; medication for chronic pain Page(s): 111-113; 105; 60.

**Decision rationale:** This patient presents with bilateral knee pain, lower/upper back pain, and neck pain. The treater has asked for Gabapentin 15% Amitriptyline 10% Dextromethorphan 180gram but the request for authorization was not included in provided reports. The patient is current on an unspecified compounded topical cream per 11/3/14 report. The patient has been on an unspecified topical cream since 6/2/14 report but efficacy was not reported, nor where the cream is being used. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the patient does present with bilateral knee pain for which topical compounded medication may be indicated. The treater does not indicate how this topical product is being used and with what efficacy, during over 5 months of usage. MTUS page 60 require recording of pain and function when medications are used for chronic pain. The request is not medically necessary.