

<b>Case Number:</b>	CM14-0199493		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	06/01/2010
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Internal Medicine 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 injured worker (IW) is a 53-year-old woman with a date of injury of June 1, 2010. The mechanism of injury occurred as a result of pushing her car to the side of the road when it stalled. She sustained an injury to her left knee. The injured worker's working diagnoses are left knee chondromalacia patella; status post left knee arthroscopy with moderate to severe left knee derangement joint disease, October 22, 1010; reactive depression and anxiety; and compensatory low back component. Pursuant to the progress note dated July 24, 2014, the IW complains of ongoing left knee pain. She reports topical creams give her a 40% reduction in pain. Objectively, gait is antalgic with the use of a brace. Left knee range of motion is 5-120 degrees with positive, painful patellofemoral crepitus with motion. There is tenderness to palpation over the medial and lateral joint lines. McMurrays's test is positive. X-rays done on September 12, 2013 showed moderate to severe degenerative joint disease. The treating physician is recommending topical compound cream as need for pain. The current request is for Amitriptyline 10%, Dextromethorphan 10%, and Gabapentin 10%, 210 g topical cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitriptyline 10 Percent/ Dextromethorphan 10 Percent/ Gabapentin 10 Percent 210 Gram:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)' Pain Section, Topical Analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Amitriptyline 10%, Dextromethorphan 10%, and Gabapentin 10%, 210 g topical compound is not medically necessary. Topical approaches that are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical gabapentin is not recommended. In this case, the injured worker's working diagnoses are left knee chondromalacia patella; and status post left knee arthroscopic surgery October 22, 2010, with moderate to severe left knee degenerative joint disease. Topical gabapentin is not recommended. Any compounded product that contains at least one drug (topical gabapentin) that is not recommended is not recommended. Consequently, Amitriptyline 10%, Dextromethorphan 10%, and Gabapentin 10%, 210 g topical compound is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Amitriptyline 10%, Dextromethorphan 10%, and Gabapentin 10%, 210 g topical compound is not medically necessary.