

<b>Case Number:</b>	CM15-0000232		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	06/03/2011
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 is a 54 year old male, who sustained an industrial injury on June 3, 2011. He has reported pain of the right foot and lower back pain. The diagnoses have included degeneration of lumbar intervertebral disc with radiculopathy and a right foot fracture. Treatment to date has included surgical repair of the right foot and medications. Currently, the injured worker complains of lower back pain with decreased range of motion and right foot pain with severe decreased range of motion. The treating physician is requesting a compound: Gabapentin 10% Amitriptyline 10% Dextromethorphan 10% cream to help reduce the use of oral narcotic pain medications. On December 16, 2014 Utilization Review non-certified the request for the compound noting the lack of documentation to support the medical necessity of the medication. The MTUS Chronic pain Management guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound: Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10% Cream:**  
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:** This 54 year old male has complained of lower back pain and right foot pain since date of injury 6/3/11. He has been treated with right foot surgery, physical therapy and medications. The current request is for Compound: Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10% Cream. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Compound: Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10% Cream is not indicated as medically necessary.