

<b>Case Number:</b>	CM15-0022098		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	04/23/2012
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 58 year old male, who sustained an industrial injury reported on 4/23/2012. He has reported for follow-up following lumbosacral fusion surgery, and with mid-line low back pain. The diagnoses were noted to have included cervical and lumbar spine sprain/strain with lumbar intervertebral disc syndrome, and lumbar fusion surgery (6/6/14). Treatments to date have included consultations; diagnostic imaging studies; lumbosacral fusion surgery; physical therapy treatments; back brace; single point cane; work restrictions; and medication management. The work status classification for this injured worker was noted to be totally temporarily disabled status-post surgery. On 1/12/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/29/2014, for a compounded drug of gabapentin 10%, amitriptyline hydrochloride powder 10%, dextromethorphan powder 10%, Mediderm cream base #180, 30 day supply. The Medical Treatment Utilization Schedule, topical analgesics, was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound medication: Gabapentin 10%/Amitriptyline HCL powder 10%/Dextromethorphan powder 10%/ mediderm cream base #180, original prescribed on April 9, 2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Compound creams

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." Therefore, the request for the compounded product is not medically necessary.