

<b>Case Number:</b>	CM15-0027059		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	11/20/2013
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49 year old male, who sustained an industrial injury on 11/20/2013. The diagnoses have included lumbar radiculopathy, rotator cuff syndrome, and insomnia. Noted treatments to date have included physical therapy and medications. Diagnostics to date have included CT scan of the lumbar spine on 04/28/2014 which showed anterior osteophytosis of the lumbar vertebrae and bony hypertrophy of the articular facets at the level of L4-5 and L5-S1. In a progress note dated 12/15/2014, the injured worker presented with complaints of low back pain and right shoulder pain. The treating physician reported tenderness and spasm to the lumbar area with decreased lumbar range of motion. Utilization Review determination on 01/14/2015 non-certified the request for Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180gm and Gabapentin 15%, Amitriptyline 10%, Dextromethorphan 10% 180gm citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 15%, Amitriptyline 10%, and Dextromethorphan 10%, 180mg: 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 Page(s): 111-113.

**Decision rationale:** The patient presents with constant axial type lower back pain rated 7-9/10 and constant left shoulder pain rated 5-6/10. The patient's date of injury is 11/20/13. Patient has no documented surgical history directed at these complaints. The request is for GABAPENTIN 15%, AMITRIPTYLINE 10%, DEXTROMETHORPHEN 10% 180MG. The RFA was not provided. Physical examination dated 01/10/14 reveals tenderness to palpation of the left shoulder over the anterior, lateral, and posterior aspects with decreased range of motion noted - especially on internal rotation. Lumbar examination reveals mid line tenderness extending from L3 to s1, bilateral lumbar facet tenderness L4-L5 and L5-S1. The patient is not currently prescribed any medications. Diagnostic imaging included CT scan of the lumbar spine dated 04/28/14, significant findings include: "Anterior osteophytosis of the lumbar vertebrae... Bony hypertrophy of the articular facets at this level of L4-5 and L5-S1." Per progress note dated 12/15/14 patient is advised to remain off work until 01/24/15. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... 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. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." In regards to the requested compounded topical cream containing Gabapentin, Dextromethorphen, and Amitriptyline, the requested cream contains ingredients which are not supported by guidelines as topical agents. Additionally, progress notes do not specify where the cream is to be applied. Gabapentin is not supported as a topical agent. MTUS guidelines indicate that any compounded medication which contains an unsupported ingredient is not substantiated. Therefore, the request IS NOT medically necessary.

**Cyclobenzaprine 2%, Gabapentin 15%, and Amitriptyline 10%, 180mg:** 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 Page(s): 111-113.

**Decision rationale:** The patient presents with constant axial type lower back pain rated 7-9/10 and constant left shoulder pain rated 5-6/10. The patient's date of injury is 11/20/13. Patient has no documented surgical history directed at these complaints. The request is for GABAPENTIN 15%, AMITRIPTYLINE 10%, DEXTROMETHORPHEN 10% 180MG. The RFA was not provided. Physical examination dated 01/10/14 reveals tenderness to palpation of the left shoulder over the anterior, lateral, and posterior aspects with decreased range of motion noted - especially on internal rotation. Lumbar examination reveals mid line tenderness extending from L3 to s1, bilateral lumbar facet tenderness L4-L5 and L5-S1. The patient is not currently prescribed any medications. Diagnostic imaging included CT scan of the lumbar spine dated 04/28/14, significant findings include: "Anterior osteophytosis of the lumbar vertebrae... Bony

hypertrophy of the articular facets at this level of L4-5 and L5-S1." Per progress note dated 12/15/14 patient is advised to remain off work until 01/24/15. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... 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. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." In regards to the requested compounded topical cream containing Gabapentin, Cyclobenzaprine, and Amitriptyline, the requested cream contains ingredients which are not supported by guidelines as topical agents. Additionally, progress notes do not specify where the cream is to be applied. Gabapentin and Cyclobenzaprine are not supported as topical agents, MTUS guidelines indicate that any compounded medication which contains an unsupported ingredient is not substantiated. Therefore, the request IS NOT medically necessary.