

Case Number:	CM15-0052688		
Date Assigned:	03/26/2015	Date of Injury:	07/04/2012
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/19/2015

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: Family Practice

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 27-year-old male, who sustained an industrial injury on 07/04/2012. He reported that while climbing a ladder he slipped and fell from approximately ten to twelve feet to the ground where he immediately jumped up and experienced dizziness along with pain to the entire right side of the body. The injured worker was diagnosed as having cervical sprain/strain, lumbar sprain/strain, lumbar spine intervertebral disc displacement, knee sprain/strain, anxiety syndrome, depression, and fibromyalgia. Treatment to date has included laboratory studies, medication regimen, x-rays, physical therapy, magnetic resonance imaging of the cervical spine, and magnetic resonance imaging of the lumbar spine. In a progress note dated 02/09/2015 the treating provider reports complaints of cervical spine back pain with headaches. The documentation provided by the treating physician did not contain the requested medication for Amitriptyline 10%/Dextromethorphan 10%/Gabapentin 10% compound ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 10%/Detromehorphan 10%/Gabapentin 10% compound ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics / non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics as a treatment modality. Topical analgesics are considered as largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adenosine, cannabinoids, cholinergic receptor agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). 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. One of the components of this compounded topical analgesic is gabapentin. The MTUS guidelines state that gabapentin is not recommended. There is no peer-reviewed literature to support use. In this case, one of the components of the compounded topical analgesic is not recommended per the above cited MTUS guidelines. Further, there is insufficient evidence that the patient has failed an adequate trial of a first-line medication. Finally, there is insufficient evidence in support of the use of topical amitriptyline and dextromethorphan. For these reasons, the compounded topical analgesic containing amitriptyline, dextromethorphan and gabapentin is not considered as medically necessary.