

<b>Case Number:</b>	CM15-0082993		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	05/22/2014
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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, North Carolina  
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 43 year old female, who sustained an industrial injury on 05/22/2014. She has reported subsequent left hand and wrist and upper extremity pain and was diagnosed with left hand crush injury, left hand sprain/strain, myospasms and upper extremity radiculopathy. Treatment to date has included oral and topical pain medication, physical therapy, application of heat and cold and acupuncture. In a progress note dated 03/16/2015, the injured worker complained of left wrist, hand and forearm pain rated as 5/10 radiating up to left shoulder and neck with numbness and tingling. Objective findings were notable for tenderness to palpation with spasms of the shoulder and left elbow/forearm and limited range of motion secondary to pain. A request for authorization of Amitriptyline / Dextromethophan / Gabapentin / Versa Pro base cream was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Amitriptyline 4% 7.2 g/Dextromethorphan 10% 18 g/Gapabentin 15% 27 gm/Versa Pro base 71% 127.8 grams (2/9/15): 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 rationale:** CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when first-line agents such as anti-depressants and anticonvulsants have failed. There is little to 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. In this case the request is for a cream containing the following active ingredients; amitriptyline, dextromethorphan, Gabapentin, and Versa Pro. Gabapentin is specifically not recommended in a topical preparation by the MTUS. There have been no studies showing amitriptyline, dextromethorphan or Vers Pro have any therapeutic benefit. Therefore the request is not medically necessary.