

<b>Case Number:</b>	CM15-0087965		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	10/17/2001
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This is a 63 year old male with an October 17, 2001 date of injury. A progress note dated March 27, 2014 documents subjective findings (pain; limited activities; poor sleep; weakness in left leg and foot), objective findings (ambulation with a cane; stoppage gait on the left; 4/5 strength of the left tibialis anterior and extensor hallucis longus; 4/5 strength of the left quadriceps and decreased sensation to the left lower extremity of the L5 dermatome; positive weakness to the left foot on dorsiflexion) and current diagnoses (status post laminectomy and fusion L4, L5-S1 with marked weakness of the left foot and ankle dorsiflexion). Treatments to date have included medications, imaging studies, electromyogram/nerve conduction velocity studies, injections, back surgery, pool therapy, acupuncture, and transcutaneous electrical nerve stimulator unit. The treating physician documented a plan of care that included topical pain creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 15% Amitriptyline 4% Dextromethorphan 10% - 180 mg: 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:** The proposed topical analgesic is formed by the combination of gabapentin, amitriptyline and dextroamethorphan. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. The proposed topical analgesic contains Gabapentin a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above Gabapentin 15% Amitriptyline 4% Dextromethorphan 10% - 180 mg is not medically necessary.

**Capsaicin 0.025% Flurbiprofen 15% Gabapentin 10% Menthol 2% Camphor 2% - 180 gm:** 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:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The proposed topical analgesic contains capsaicin a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above Capsaicin 0.025% Flurbiprofen 15% Gabapentin 10% Menthol 2% Camphor 2% - 180 gm ointment is not medically necessary.