

<b>Case Number:</b>	CM14-0177083		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	11/18/2011
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 52 year old male with an injury date of 11/18/11. The 05/14/14 progress report by [REDACTED] states that the patient presents with lumbar spine pain and loss of range of motion. Examination reveals lumbar spine range of motion limited due to pain. The patient's diagnoses include: 1. Lumbar spine disc herniation 2. Lumbar spine radiculopathy, left leg. The utilization review being challenged is dated 09/24/14. Reports were provided from 02/12/14 to 09/02/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound: Gabapentin 10% Amitriptyline 10% Dextromethorphan 10% in Mediderm base:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesic Page(s): 111.

**Decision rationale:** The patient presents with lumbar spine pain with loss or range of motion. The treater requests for Compound Gabapentin 10%/Amitriptyline 10%/Dextromethorphan 10%

in Mediderm base.MTUS has the following regarding topical creams (p111, chronic pain section): "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." In this case, MTUS specifically states that Gabapentin is not recommended under the topical cream section. Therefore, the request is not medically necessary.