

<b>Case Number:</b>	CM14-0182964		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	08/03/2012
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 & 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 44-year-old male with a date of injury of 08/03/2012. The listed diagnoses are: 1. Lumbar spine disk protrusion. 2. Bilateral hip sprain/strain. 3. Right knee S/P ORIF with residuals. 4. Right (illegible) sprain/strain. 5. HTN. 6. Stress, anxiety, depression. 7. Right peroneal neuropathy. 8. Pacemaker, 2014. According to progress report 10/02/2014, the patient underwent treatment for HTN/cardiology at USC. The patient complains of constant pain and stiffness in the low back. The pain is rated as 5-7/10. Examination noted the patient ambulates with a limp, positive Kemp's and straight leg raise test was noted. The treater is requesting amitriptyline, dextromethorphan and gabapentin 210 g. Utilization review denied the request on 10/14/2014. Treatment reports from 04/04/2014 through 10/02/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitriptyline, dextromethorphan, gabapentin 210gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines has the following regarding topical creams, Topical analgesics Page(s): 111.

**Decision rationale:** This patient presents with chronic low back pain. The treater is requesting Topical compound cream that includes amitriptyline, dextromethorphan and gabapentin 210 g. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." The MTUS Guidelines further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, gabapentin is not recommended in any topical formulation. Therefore, the entire compound cream is not supported. The request is not medically necessary.