

<b>Case Number:</b>	CM15-0014182		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	05/29/2010
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: Arizona, 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 39 year old male who sustained an industrial injury on 05/29/2010. He complains of knee and low back pain. Diagnoses include lumbar radiculopathy, lumbar sprain and strain, knee sprain and strain, insomnia and anxiety. Treatment to date has included medications, epidural steroid injections, and physical therapy. A physician progress note dated 11/17/2014 documents the injured worker has pain of the knee right greater than left, and rates it as 8 to 10 with medication and 9 to 10 without medication. His low back pain down both lower extremities is 8 to 10 with medications, and 9 to 10 with medications. He also has anxiety and lack of sleep. There is tenderness and spasm over the lumbar spine with decreased range of motion. There is tenderness over the knee area, right greater than left with decreased range of motion. Treatment requested is for Cyclobenzaprine 2%/ Gabapentin 15%/ Amitriptyline 10% 180gm, and Gabapentin 15%/ Amitriptyline 10%/ Dextromethorphan 10% 180gm. On 12/24/2014 Utilization Review non-certified the request for Cyclobenzaprine 2%/ Gabapentin 15%/ Amitriptyline 10% 180gm, and Gabapentin 15%/ Amitriptyline 10%/ Dextromethorphan 10% 180gm, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines-Low Back Complaints-Knee Complaints-Topical Analgesics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 2%/ Gabapentin 15%/ Amitriptyline 10% 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of topical muscle relaxant (Cyclobenzaprine) and Gabapentin is not recommended due to lack of scientific evidence for their use. The claimant had also been on several oral analgesics without indication of their reduction while using topical analgesics. As a result, the topical compound in question is not medically necessary.

**Gabapentin 15%/ Amitriptyline 10%/ Dextromethorphan 10% 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of topical Gabapentin is not recommended due to lack of scientific evidence for their use. The claimant had also been on several oral analgesics without indication of their reduction while using topical analgesics. As a result, the topical compound in question is not medically necessary.