

<b>Case Number:</b>	CM15-0115316		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	01/06/2012
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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 40-year-old male, who sustained an industrial injury on 1/06/2012. The mechanism of injury was not noted. The injured worker was diagnosed as having cervical disc protrusion, cervical myospasm, cervical radiculopathy, cervical sprain/strain, left shoulder impingement syndrome, left shoulder pain, left shoulder sprain/strain, status post left shoulder surgery (unspecified), left elbow myofascitis, left elbow pain, left elbow sprain/strain, left lateral epicondylitis, disruptions in 24 hour sleep-wake cycle, loss of sleep, and sleep disturbance. Treatment to date was not specified. Currently (per the only PR2 provided 11/07/2014), the injured worker complains of pain in his cervical spine, left shoulder, and left elbow, rated 5-6/10, and sleep loss due to pain. He stated that symptoms remained the same since his last visit. The treatment plan included pain management consult (12/05/2014), physical therapy, and acupuncture. Current medication regime, if any, was not noted. He was not working, noting total temporary disability. A progress report regarding the request for topical compound medication creams was not noted.

### 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% 180gm: Upheld**

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

**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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested product contains Gabapentin, Amitriptyline and Dextromethorphan. Gabapentin is not recommended; there is no peer reviewed medical literature to support its use. Amitriptyline and Dextromethorphan are not approved for topical use. Therefore, the request is deemed not medically necessary.

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

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

**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 and there are randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This product contains Gabapentin, which is not recommended. It also contains Cyclobenzaprine, a muscle relaxant that is not recommended as a topical agent. Amitriptyline is a tricyclic antidepressant, which is also not recommended. Therefore, the request is deemed not medically necessary.