

<b>Case Number:</b>	CM15-0094179		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	04/11/2012
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 54 year old woman sustained an industrial injury on 4/11/2012 after tripping and falling down stairs. Diagnoses include cervical myalgia, bilateral knee arthritis and enthesopathy, bilateral carpal tunnel syndrome, and bilateral knee pain. Treatment has included oral medications and physical therapy. Physician notes dated 9/24/2014 show complaints of neck, upper, mid, and low back pain, bilateral upper extremity pain, right elbow pain, and bilateral knee pain rated 6-8/10. Future medical considerations include further surgical intervention, provocative nerve testing of the right upper extremity, and follow up after x-rays and testing are performed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 15%, Amitriptyline 4%, and Dextromethorphan 10% 180 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 15%, Amitriptyline 4% and Dextromethorphan 10%, 180 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Gabapentin topical is not recommended. In this case, the injured worker's working diagnoses are cervical myalgia; bilateral knee arthritis; bilateral carpal tunnel syndrome; and bilateral knee pain. The date of injury is November 11, 2012. The request authorization is dated April 24, 2015. The most recent progress note by the requesting physician is dated October 17, 2014. There is no contemporaneous progress note on or about the date of request for authorization in the medical record. As a result, there is no clinical indication or rationale for the topical compound. Topical gabapentin is not recommended. Any compounded product that contains at least one drug (topical gabapentin) that is not recommended is not recommended. Consequently, gabapentin 15%, amitriptyline 4% and Dextromethorphan 10% is not recommended. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, Gabapentin 15%, Amitriptyline 4% and Dextromethorphan 10%, 180 g is not medically necessary.