

Case Number:	CM13-0006864		
Date Assigned:	12/11/2013	Date of Injury:	09/01/2004
Decision Date:	01/17/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine 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 physician 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 55-year-old female who reported injury on 09/01/2004. The mechanism of injury was not provided. The patient was noted to have pain a 9/10 to 10/10 with medications and a 10/10 without medications. The patient's diagnoses were noted to include left lower extremity reflex sympathetic dystrophy, chronic pain syndrome, chronic pain related insomnia, and neuropathic pain. The request was made for 1 prescription of TG Hot 180 grams, clonidine 0.2 mg #60, and Gabapentin 600 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for prescription of TGHOT 180 gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Topical Salicylates, Topical Analgesics, , Gabapentin , Capsaicin Page(s): 82, 105, 1.

Decision rationale: The ingredients of TG Hot are noted to be Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2% and Capsaicin 0.05%. The California MTUS states, "Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety....Any compounded product that contains at least 1 drug (or drug class) that is

not recommended is not recommended....Topical Salicylates are recommended...Tramadol is not recommended as a first line therapy...Gabapentin: Not recommended. There is no peer-reviewed literature to support use... Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments....There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." Since the guidelines do not recommend several of the ingredients, and there is a lack of exceptional factors to warrant non-adherence to guideline recommendations, there is no medical necessity for this compound and it is non-certified.

Request for prescription of Clonidine 0.2 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 38.

Decision rationale: California MTUS Guidelines recommend, for the treatment of CRPS indicate that Gabapentin and clonidine may be useful. The clinical documentation submitted for review indicated that the patient had high pain levels, a 9/10 to 10/10 with medication and 10/10 without the medication. It indicated the patient had complaints of the same symptoms, except they were worse on the date of exam. The clinical documentation submitted for review failed to provide the efficacy of the requested medication and the pain level was minimally changed with the medications. Given the above, the request for prescription of Clonidine 0.2 mg #60 is not medically necessary.

Request for prescription for Gabapentin 600 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

Decision rationale: The clinical documentation submitted for review indicated that the patient had high pain levels, a 9/10 to 10/10 with medication and 10/10 without the medication. It indicated the patient had complaints of the same symptoms except they were worse on the date of exam. The California MTUS Guidelines indicate that Gabapentin is recommended for neuropathic pain. However, the clinical documentation submitted for review failed to provide the efficacy of the requested medication and the pain level was minimally changed with the prescribed medications. Given the above, the request for prescription of Gabapentin 600 mg #90 is not medically necessary.