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| <b>Case Number:</b>   | CM13-0031450 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 02/05/2013 |
| <b>Decision Date:</b> | 08/13/2014   | <b>UR Denial Date:</b>       | 09/24/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/03/2013 |

### 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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 26 year old male who sustained an industrial injury on 02/05/13 while he was reaching for a box. He felt a sudden pain in his right parathoracic spine area. His symptoms included pleuritic chest pain, posterior chest wall pain with movements. His treatment included NSAIDs, acetaminophen, Physical therapy. He was seen by the treating provider on 07/24/13. He had right shoulder pain, numbness down the right arm, aching pain in thoracic spine area aggravated by prolonged standing, sitting, walking or bending forward at the waist. On examination, he was noted to have +3 spasm and tenderness to the bilateral paraspinal muscles from T1 to T8 and the right rhomboid muscles. Thoracic spine range of motion was limited with pain, Kemp's test was positive, supraspinatus test was positive on the right and range of motion of right shoulder was limited. The diagnoses included rule out thoracic disc displacement without myelopathy, bursitis and tendinitis of the right shoulder, rotator cuff syndrome of the right shoulder, thoracic segmental dysfunction and myofascitis. The plan of care included electrical muscle stimulation, chiropractic manipulative therapy and myofascial release. The request was for TGHot (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TGHot (TRAMADOL 8% / GABAPENTIN 10% / MENTHOL 2% / CAMPHOR 2% / CAPSAICIN 0.05%) 180 GM BETWEEN 9/20/2013 AND 11/4/2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112-113.

**Decision rationale:** According to MTUS guidelines, topical analgesics are largely experimental and any compounded product that contains at least one drug that is not recommended is not recommended. The guidelines indicate that topical Gabapentin is not recommended. In addition, Capsaicin is recommended only if patient is unable to tolerate or who have not responded to other treatments and there is no indication that an increase over 0.025% formulation would provide any further efficacy. Since the compounded analgesic has higher formulation of Capsaicin, has Gabapentin which is not recommended and since there is no documentation that the employee was intolerant of oral medications, the request for TGHot is not medically necessary or appropriate.