

<b>Case Number:</b>	CM13-0034787		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	07/20/2005
<b>Decision Date:</b>	10/13/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Physical Medicine and Rehabilitation, 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 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 injured worker is a 41-year-old male who reported an injury on 07/20/2005 due to unspecified mechanism of injury. The injured worker had a history of lower back pain and right ankle pain. The injured worker had a diagnoses of right carpal tunnel syndrome, right ankle retrocalcaneal bursitis, right ankle pain, left shoulder rotator cuff rupture, lumbar disc syndrome, and bilateral cubital tunnel syndrome. The past treatments included epidural steroid injections, physical therapy, and medication. The objective findings date 08/27/2013 to the lumbar spine revealed flexion of 20 degrees and extension of 10 degrees with limited range of motion due to pain and spasms; positive Valsalva maneuver, Kemp's test, and straight leg raise test in the supine position bilaterally; motor strength to the lower extremities was 4/5 bilaterally. The treatment included TG Hot one 1800 grams jar. The request for authorization dated 08/27/2013 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TGHOT - ONE 1800GM JAR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The frequency or dosage was not addressed. Per the clinical notes provided, no measureable functional improvement was documented. As such, the request is not medically necessary.