

Case Number:	CM13-0035511		
Date Assigned:	12/13/2013	Date of Injury:	07/10/2011
Decision Date:	08/06/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/17/2013

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 53-year-old male who was reportedly injured on July 10, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated September 9, 2013, indicates that there are ongoing complaints of left knee pain, left wrist pain, left shoulder pain and lower back pain. The physical examination demonstrated an antalgic gait on the left side. The examination of the left knee noted medial joint line tenderness and a positive McMurray's test. There was weakness with knee flexion and extension secondary to pain. The treatment plan included an antidepressant medication and gabapentin. A request had been made for TG Hot compound cream and was not certified in the pre-authorization process on October 1, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TG HOT COMPOUND CREAM , THREE (3) TIMES DAILY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 OF 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical medications indicated for usage are those containing non-steroidal anti-inflammatory drugs, capsaicin and lidocaine. There is no peer-reviewed evidence-based medicine that any additional compounded agents have any efficacy. Therefore this request for TG Hot compound cream is not medically necessary.