

<b>Case Number:</b>	CM13-0049452		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/05/2001
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 & 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 52-year-old male with a reported date of injury on 10/05/2004. The injury reportedly occurred when the injured worker fell from 20 feet landing on his back, hitting his head against the concrete. His diagnoses were noted to include chronic cervical sprain/strain; left shoulder impingement syndrome;; L4-5, L5-S1 herniated nucleus pulposus, degenerative disc disease, and radiculopathy; status post laser microdiscectomy; and bilateral knee internal derangement. His previous treatments were noted to include surgery and medications. The progress note dated 08/20/2013 revealed the injured worker complained predominantly of back pain and knee pain. The injured worker also reported complaints of pain to the shoulders, mild left elbow tenderness, and wrist symptomatology. The physical examination of the shoulders revealed full shoulder mobility with acromioclavicular joint tenderness and some mild acromioclavicular arthropathy in both shoulders. The examination of the left elbow revealed mild epicondylar tenderness with full range of motion. The physical examination of the wrist revealed full range of motion bilaterally and decreased sensibility in the median nerve distribution of both hands and a mildly positive Tinel's sign. The physical examination of the lumbar spine revealed forward flexion was to 20 degrees, extension was to 10 degrees, and tilt to the right/left was to 10 degrees. The sensory and motor power testing in the lower extremities was normal and there was tightness in the hamstrings noted but no neurological deficit. The request for authorization form dated 08/20/2013 is for TGIce 180 gm cream apply a thin layer to affected are twice daily due to pain, as well as a Kronos lumbar support for back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 KRONOS LUMBAR SUPPORT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298 & 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**Decision rationale:** The CA MTUS/ACOEM Guidelines do not recommend a lumbar support for the treatment of low back disorders. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker's injury occurred 10 years ago and it is not at an acute phase of symptom onset. Therefore, the request for 1 Kronos Lumbar Support is not medically necessary.

**1 PRESCRIPTION OF TGIce CREAM 180GM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The TGIce cream consists of tramadol and gabapentin. The California Chronic Pain Medical Treatment Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The Guidelines state gabapentin is not recommended due to there being no peer-reviewed literature to support the use. Tramadol is recommended in an oral preparation and there is a lack of documentation regarding the inability of the injured worker to take oral medications. The Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended, and gabapentin is not recommended and tramadol is recommended for oral use. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for 1 prescription of TGIce Cream 180 gm is not medically necessary.