

Case Number:	CM13-0051454		
Date Assigned:	12/27/2013	Date of Injury:	05/30/2013
Decision Date:	04/25/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/04/2013

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This is a 38-year-old male with complaints of constant moderate to severe cervical/thoracic /lumbar spinal, bilateral shoulder /wrist and hand pain that may be aggravated by driving, sitting overuse, lying down, gripping and holding. His pain began as result of an industrial injury on 5/30/2013. The exact mechanism of injury is not documented. Physical exam finding include spasm and tenders of the paraspinal musculature from C2 to C7, T4-T11, L1 to S1, bilateral shoulders / wrists and hands. Cervical distraction test was positive bilaterally with noted C6 and C7 myotomes weakness bilaterally. In the lumbar region, Kemp's (bilaterally) and straight leg raise (left) were positive with associated decreased bilateral patellar reflex. Regarding his shoulders, it was noted he had a positive Neer's test on the right, and a negative Phalen's test on bilateral wrists. The patient's diagnoses include impingement of the right shoulder, cervical and lumbar spondylosis with myelopathy, bursitis and tendonitis of his bilateral shoulders and cervical / lumbar strain / sprain. His current treatment regimen includes narcotic pain medication and the use of requested topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHot Cream (Tramadol 8%; Gabapentin 10%; Menthol 2%; Camphor 2%; Capsaicin 0.05%) QTY: 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11-12, 111-113.

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

Decision rationale: Topical Analgesics 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 medications of differing varieties and strengths. The addition of Gabapentin is not recommended as there is no peer reviewed literature support for its use. Because the patient does not have a documented complaint of neuropathic pain, failed antidepressant treatment trial and the MTUS guideline not recommending use of Gabapentin in topical creams because of lack of peer reviewed literature, I find the request for the topical analgesic cream not medically necessary.