MAXIMUS Federal Services

Case Number:	CM13-0052322		
Date Assigned:	12/27/2013	Date of Injury:	01/15/2013
Decision Date:	03/19/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine has a subspecialty in Pain Medicine 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 physician 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 patient is a 62 year old injured worker with a date of injury of January 15, 2013. The patient presented for an initial evaluation on September 18, 2013 and was evaluated by [redacted]. The patient reported cumulative trauma injury to his right shoulder and right wrist/hand. The patient notes he has worked as a machine operator and was required to reach above shoulder level and pour powder into a machine using a scooper. The patient stated that the right shoulder and upper extremity pain became very bad sometime in January 2013. He also noticed weakness and grip loss in his right hand. He underwent x-rays and MRI of his shoulder in January 2013. He was prescribed Aleve for pain and creams were dispensed. He completed 13 sessions of conservative therapy. Cortisone injections as well as surgery were recommended for his right shoulder. He did not get any treatment to his right wrist. The patient currently complains of moderate to severe right shoulder and right wrist and hand pain. He reports numbness, tingling, and weakness in the right hand and wrist. He was diagnosed with diabetes and high blood pressure 8 years ago. He is currently taking diabetes medications. Physical examination revealed right rotator cuff muscle and right upper shoulder spasm and tenderness, limited range of motion, positive Codman's test, Speeds test, and Supraspinatus test. Right wrist and hand examination revealed spasm and tenderness to the right posterior extensor tendons, right anterior wrist and right thenar eminence. Right wrist examination revealed decreased and painful range of motion. Tinel's and Bracelet test was positive on the right. Phalen's was positive bilaterally. The patient was diagnosed with right wrist carpal tunnel syndrome, tendinitis/bursitis of the right hand/wrist, adhesive capsulitis of the right shoulder and rotator cuff syndrome of the right shoulder. The patient was declared temporally totally disabled until November 18, 2013. He was recommended 6 sessions of conservative therapy for the right shoulder and wrist, multi-interferential stimulator, right wrist brace, and initial qualified functional capacity evaluation.

He was prescribed Tylenol No. 3, 1 tablet by mouth T.I.D., #120, Naproxen Sodium 550 mg one capsule every 12 hours with food #90, and TGHot (Tramadol 8%/Gabapentin 10%/ Menthol 2%/ Camphor 2%/Capsaicin 0.05%) apply twice daily. On September 25, 2013 utilization review provided a modification decision. Tylenol No. 3 #120 and Naproxen Sodium 550 mg #90 were certified. TGHot was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHot 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The CA MTUS guidelines also specifically state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. TGHot consists of Tramadol, Gabapentin, Menthol, Camphor, and Capsaicin. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Gabapentin is not recommended in a topical formulation. Additionally, there is no evidence that the patient is unable to tolerate oral medications, which the patient is currently being prescribed with oral medications as. The request for TGHot 180gm is not medically necessary and appropriate.