MAXIMUS Federal Services

Case Number:	CM13-0054142		
Date Assigned:	12/30/2013	Date of Injury:	09/15/2010
Decision Date:	03/12/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/31/2013

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 Orthopedic Surgery, 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 44-year-old male who reported an injury on 9/15/10. The mechanism of injury was repetitive trauma to the lumbar spine and bilateral knees. The note dated 12/23/13 revealed that the patient had complaints of frequent moderate to severe sharp pain to the lumbar spine. The patient also had complaints of occasional bilateral knee pain. Upon examination of the lumbar spine, there were 4+ spasms and tenderness to the bilateral lumbar paraspinal muscles from L3-S1 and multifidus. The Kemp's test was positive bilaterally and Yeoman's test was positive bilaterally. The left Achilles reflex was decreased and the S1 dermatome was decreased on the left to light touch. Upon examination of the knees, there was +1 spasms and tenderness to the bilateral anterior joint lines. The treatment plan included no additional therapy for the patient at that time. The doctor was requesting an MRI of the lumbar spine due to numbness and radiating pain down the left lower extremity and decreased S1 deep tendon reflexes and dermatome.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHot topical cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 82, 105, 111, 113.

Decision rationale: TGHot topical cream contains Tramadol 8%, Gabapentin 10%, menthol 2%, camphor 2%, and capsaicin 0.05%. The California MTUS states that topical analgesics are largely experimental in use with few randomized control trials to determine efficiency or safety. It also states that any compound product that contains at least one drug or drug class that is not recommended individually cannot be recommended as part of a compound. There is no formulation of topical Tramadol that has been FDA approved. The approved form of Tramadol is oral consumption, which is not recommended as a first line therapy. Gabapentin is not recommended, as there is no peer reviewed literature to support its use. Capsaicin is recommended only as an option in patients who have not responded to or are in intolerant of other treatments. The California MTUS guidelines recommend topical salicylates. Since the guidelines do not recommend several of the ingredients, there is no medical necessity for the compound. The records that were submitted for review did not show that conservative care had been tried and had failed. As several of the drugs contained in the compound cream are not recommended by California MTUS, the request is non-certified.