

<b>Case Number:</b>	CM13-0057684		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/13/2012
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Pain Management and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 6/13/12. A utilization review determination dated 11/5/13 recommends non-certification of TGHOT. 10/17/13 progress report identifies right elbow and wrist pain with tenderness and a positive right carpal tunnel pressure test. Treatment plan includes wrist braces, Norco, and compound analgesic cream for the right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TGHOT (Tramadol 8% / Gabapentin 10% / Menthol 2% / Camphor 2% / Capsaicin .05%) 120gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

**Decision rationale:** Regarding the request for TGHOT (Tramadol 8% / Gabapentin 10% / Menthol 2% / Camphor 2% / Capsaicin .05%) 120gm, California MTUS cites that topical gabapentin is not recommended and capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." That has not been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-

approved oral forms for this patient. In light of the above issues, the currently requested TGHot (Tramadol 8%/ Gabapentin 10%/ Menthol 2%/ Camphor 2%/ Capsaicin .05%) 120gm is not medically necessary.