

Case Number:	CM13-0061429		
Date Assigned:	12/30/2013	Date of Injury:	03/29/2013
Decision Date:	04/03/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/03/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 36-year-old male who reported injury on 03/29/2013. The patient was noted to be tool wrangling when he felt pain to the lower back, left leg and ankle as well as numbness in both hands. The patient's diagnosis was noted to be lesion of a sciatic nerve. The request per the Application of Independent Medical Review was for TGHOT 2 times a day 180 g, Tylenol 4 #60 every 6 to 8 hours as needed for pain and tramadol 50 mg 4 to 5 as needed #90. The DWC Form RFA nor physical examination was submitted for review with this requested service. The duration the patient had been on the medication was not provided.

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 0.5) 2x day 180 gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Section, Gabapentin Section, Topical Capsaicin Section, Topical Analgesics Section,. Decision based on Non-MTUS Citation FDA Website.

Decision rationale: The California MTUS indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Topical Salicylates are recommended... A thorough search of FDA.gov, did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy...Gabapentin: Not recommended. There is no peer-reviewed literature to support use... Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. California MTUS guidelines recommend Topical Salicylates. Since the guidelines do not recommend several of the ingredients, there is no medical necessity for this compound. TGHot (Tramadol 8%, Gabapentin 10%, menthol 2%, Camphor 2%, Capsaicin 5%) 2 times a day, #180 gms is not medically necessary.