

<b>Case Number:</b>	CM13-0067435		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/26/2010
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Occupational 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 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:

The applicant is [REDACTED] employee who has filed a claim for chronic bilateral shoulders, neck, and bilateral wrist pain reportedly associated with cumulative trauma at work, first claimed on April 26, 2010. Thus far, the applicant has been treated with the following: Analgesic medications, transfer of care to and from various providers in various specialties, topical compounds, and extensive periods of time off of work. A note of October 2, 2013 was notable for the fact that the applicant was using the TG Hot agent in question along with both Flurflex and Tramadol. The applicant was also off of work, on total temporary disability, on that date. In a handwritten progress report of November 13, 2013, it is stated that the applicant is using oral Tramadol, topical Flurflex, and topical TG Hot. Extracorporeal shockwave therapy and physical therapy were sought while the applicant was asked to remain off of work, on total temporary disability. The note was handwritten, sparse, difficult to follow, and employed preprinted checkboxes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TG HOT 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): Table 3-1. Decision based on Non-MTUS Citation Food and Drug Administration: December 5, 2006-News Release-FDA Compounded Topical Anesthetic Creams

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

**Decision rationale:** As noted in page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds, as a class, are "largely experimental." In this case, it is further noted that the applicant has used the agent in question for what appears to be several months and has failed to derive any lasting benefit or functional improvement despite prior usage of the same. The applicant remains off of work, on total temporary disability and remains highly reliant on various oral and topical medications in addition to the TG Hot compound in question. The applicant is also reliant on various other treatments, including physical therapy and extracorporeal shockwave therapy. All the above, taken together, imply a lack of functional improvement as defined in the MTUS Guidelines despite ongoing usage of the topical TG Hot compound in question. Therefore, the request is not certified, on independent medical review.