

<b>Case Number:</b>	CM13-0071842		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	09/23/2009
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 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 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:

This 59-year-old female sustained an industrial injury on 9/23/09. Injury occurred when she lifted several heavy boxes with sudden onset of sharp lower back pain. She subsequently underwent L5/S1 anterior/posterior fusion on 3/14/11, and cervical anterior discectomy and fusion at C5/6 and C6/7 on 9/19/12. The 10/14/13 treating physician report cited subjective complaints of neck and low back pain, left shoulder pain and stiffness, left hand middle finger and thumb triggering, and intermittent numbness and tingling. Physical exam findings documented decreased left grip strength, mild to moderate loss of lumbar range of motion due to pain, symmetric lower extremity strength, and negative orthopedic testing. Medications were refilled, including Flexeril and Tramadol. Authorization was requested for Lidoderm patches and TGHOT, and FlurFlex creams. The 11/27/13 utilization review recommended non-certification of TGHOT cream based on an absence of guideline support for all compounds of this topical medication.

### 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 TOPICAL ANALGESICS Page(s): 111.

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

**Decision rationale:** TGHot topical cream contains capsaicin, tramadol, and gabapentin. The California MTUS guidelines for topical analgesics indicate that topical analgesics in general are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Capsaicin is supported as an option in patients who have not responded or are intolerant to other treatments. Topical gabapentin is not recommended. There are no high-quality literary studies or guidelines which support the safety or efficacy of tramadol utilized topically. Guideline criteria have not been met. There is no indication that the patient has not responded to or is intolerant of other medications to support the medical necessity of capsaicin. Given the absence of guideline support for all components of this compounded topical analgesic, this product is not recommended by guidelines. Therefore, this request for TGHot topical cream is not medically necessary.