MAXIMUS Federal Services

| Case Number: | CM14-0002723 | | |
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| Date Assigned: | 01/29/2014 | Date of Injury: | 10/25/2011 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 12/09/2013 |
| Priority: | Standard | Application Received: | 01/08/2014 |

## 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 Anesthesiology, 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 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 patient is a 53-year-old female who has submitted a claim for cervical disc syndrome, status post left shoulder surgery (01/01/2013), left shoulder rotator cuff rupture, left shoulder rotator cuff syndrome, bilateral wrist de Quervain's disease, left wrist carpal tunnel syndrome, and low back syndrome; associated from an industrial injury date of 10/25/2011. Medical records from 03/04/2013 to 07/29/2013 were reviewed and showed that patient complained of left shoulder pain graded 6/10, bilateral wrist pain graded 5-6/10, low back pain graded 6-7/10, and neck pain graded 4-6/10. Physical examination showed tenderness over the left rotator cuff muscles and lumbar paraspinal muscles. Phalen's test was positive bilaterally. Tinel's test was positive on the left. Range of motion of the cervical spine, left shoulder, and lumbar spine was limited. Sensation was intact. Treatment to date has included Tramadol, physical therapy, and left shoulder surgery (01/01/2013). Utilization review, dated 12/11/2013, denied the request for TGHot because topical NSAIDs are largely experimental in use, and there is no evidence that patient has had intolerance to oral agents that would support the need for topical creams.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND: TGHOT:** Upheld

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

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

**Decision rationale:** TGHot contains Tramadol, Gabapentin, Menthol, Camphor, and Capsaicin. The MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many these agents. The topical formulation of Tramadol does not show consistent efficacy. In addition, Chronic Pain Medical Treatment Guidelines state that Gabapentin and other Antiepilepsy drugs are not recommended for topical applications. The compound Gabapentin does not show consistent efficacy. Regarding the Menthol and Capsaicin component, MTUS does not cite specific provisions, but the Official Disability Guidelines (ODG) Pain Chapter issued an FDA safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where menthol, methyl salicylate, or capsaicin were applied. The guidelines do not address camphor. In this case, medical records submitted for review did not indicate that patient was intolerant of other treatments like oral NSAIDs or opioids. Furthermore, guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. TGHot cream contains drug components that are not recommended for topical use. Therefore, the request for compound: TGHOT is not medically necessary and appropriate.