MAXIMUS Federal Services

Case Number:	CM14-0006433		
Date Assigned:	01/24/2014	Date of Injury:	02/24/2011
Decision Date:	06/23/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/16/2014

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 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 patient is a 54-year-old male who has submitted a claim for bilateral knee pain and low back pain, associated with an industrial injury date of February 24, 2011. The medical records from 2011 through 2014 were reviewed. The latest progress report, dated 12/03/2013, showed bilateral knee pain and low back pain. The physical examination revealed limited range of motion of thoracolumbar spine. The Kemp test and Straight leg raising test were positive. There was tenderness on the right knee with moderate effusion. There were crepitations in both knees. The patient was positive for patellofemoral grind test bilaterally. The right knee was positive for valgus stress test. The treatment to date has included left knee meniscectomy (10/24/2012), right knee meniscectomy (01/16/2013), physical therapy, acupuncture, and medications. The utilization review from January 8, 2014 denied the request for the purchase of TGHot (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) 180 gm jar because the current guidelines do not recommend its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND: TG HOT, TRAMADOL 8%/ GABAPENTIN 10%/ MENTHOL 2%/ CAMPHOR 2%/ CAPSAICIN .05%, 180 GM JAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The Chronic Pain Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily 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. The guidelines also indicate that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and 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, the guidelines do not cite specific provisions. The Official Disability Guidelines 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, the rationale of using a topical cream is to reduce the pain and decrease the need for oral medications. However, the 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 is not medically necessary.