

<b>Case Number:</b>	CM14-0109305		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/24/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Physical Medicine & Rehabilitation 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 is a 54 year-old male patient with a 2/24/2011 date of injury. The mechanism of injury was when the claimant struck his right leg on a trash bin resulting in acute bilateral lower extremity complaints including the lower back and both knees. On a report dated 5/20/14 the complained of continued pain, locking, and the giving way of both knees. The patient rated his right knee pain at 8/10 on the VAS (visual analog scale for pain) scale. He reports that the pain awakens him at night and he has increased pain upon walking. Clinically, there was 0-130 degrees motion on the left, 010-110 degrees motion on the right, with positive patellofemoral crepitation in the right knee with positive McMurray testing. Physical exam revealed equal and symmetrical deep tendon reflexes, 4+/5 knee extensor strength on the right with no other neurologic findings documented. The diagnostic impression is status post bilateral knee arthroscopy and chondroplasty, lumbar spine stenosis, lumbar disc displacement, brachial neuritis not otherwise specified, lumbar radiculitis, lumbar sprain/strain, and bilateral knee degenerative joint disease. Treatment to date: Diagnostics, MRI, surgery, seeking approval for aquatic therapy, and medication management. A UR decision dated 7/2/2014 denied the request for the compound: TGHOT (tramadol 8%, gabapentin 10%, camphor 2%, and capsaicin 0.05%) 180gm. The rationale for denial was that CA MTUS guidelines do not recommend the use of topical analgesics. They are primarily recommended for neuropathic pain after trials of first-line oral antidepressants and anticonvulsants have failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound TGHOT (Tramadol 8%, Gabapentin 10 %, Camphor 2 %, Capsaicin 0.05 %), 180 grams:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 25, 28, 111-113..

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. TGHOT is a compounded formulation of tramadol 8%, an opioid agent, gabapentin 10%, an anticonvulsant agent, camphor 2%, used as a topical analgesic, and capsaicin 0.05%, a topical analgesic. CA MTUS guidelines state that any formulation containing capsaicin greater than 0.025% is not recommended. Furthermore, guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy and safety. Topical analgesics are primarily recommended after trials of first-line oral antidepressants and anticonvulsants have failed. However, there was no evidence of any of these first-line failures in the reports. Therefore, the request for Compound TGHOT(tramadol 8%, gabapentin 10%, camphor 2%, capsaicin 0.05%) 180gm is not medically necessary.