

Case Number:	CM14-0112087		
Date Assigned:	08/01/2014	Date of Injury:	02/27/2005
Decision Date:	10/23/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/17/2014

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 and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 63-year-old female with a reported injury on 02/27/2005. The mechanism of injury was pulling on a box and fell down. The injured worker's diagnoses included lumbar radiculopathy, chronic pain, and bilateral knee pain. The injured worker's previous treatments included medications, physical therapy, lumbar epidural steroid injection, acupuncture, Synvisc, intramuscular Toradol, and use of a cane. The injured worker's diagnostic testing included a magnetic resonance imaging of the lumbar spine on 04/05/2007. The injured worker's surgical history included a left knee arthroscopy and a right thumb surgery. The injured worker was evaluated on 05/29/2014 for complaints of left knee pain. The injured worker reported that a Synvisc injection the previous month had not been helpful. She also continued to complain of low back pain with numbness and tingling in the lower extremities. She also noted burning pain in the upper back and aching pain in the arms. The clinician observed and reported an antalgic gait. Upon inspection, the lumbar spine revealed tenderness from the thoracolumbar spine down to the base of the pelvis. The paralumbar musculature was slightly tight bilaterally. The buttocks were tender. The injured worker was unable to fully squat due to pain. There was some tenderness on stress of the pelvis, which indicated mild sacroiliac joint symptomatology. The lumbar spine range of motion was measured at 20 degrees of flexion, 15 degrees of extension, and tilt to the right and left was 15 degrees. Sensation was intact to both lower extremities. A focused examination of the left knee revealed a positive patellar grind maneuver and tenderness in the medial aspect of the left knee. There was full range of motion with slight weakness on extension secondary to mild pain. Reflexes were normal. The injured worker's medications included Ambien, Motrin, Prilosec, Tramadol, Glucosamine Chondroitin, and Cidaflex. The request was for TGHOT (Tramadol/Gabapentin/Menthol/Camphor/Capsaicin

8/10/2/2/0.05%) cream. No rationale for the request was provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHot (Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/2.05 percent) cream:
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): 111-113. Decision based on Non-MTUS Citation B LeBon, G Zeppetella, IJ Higginson (2009). Effectiveness of topical administration of opioids in palliative care: a systematic review. Journal of pain and symptoms-Elsevier.

Decision rationale: The request for TGHot (Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/2/0.05%) cream is not medically necessary. The injured worker continued to complain of left knee and back pain. The ingredients for the compounded topical analgesic requested are Tramadol, Gabapentin, menthol, camphor, and capsaicin. The California MTUS Chronic Pain Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Regarding Tramadol, peer reviewed literature states that there is a deficiency of higher quality evidence on the role of topical opioids and that more robust primary studies are required to inform practice recommendations. The guidelines do not recommend Gabapentin for topical use as there is no peer reviewed literature to support such use. Capsaicin is recommended only as an option in patients who have not responded to or are intolerant of other treatments in the formulations of 0.025% and 0.075%. The requested medication included capsaicin 0.05% which is not recommended. Because at least 3 of the ingredients in this compounded topical treatment are not recommended, the topical cream is not recommended. Therefore, the request for TGHot (Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/2/0.05%) cream is not medically necessary.