

<b>Case Number:</b>	CM14-0129414		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	08/03/2009
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Internal Medicine and Pulmonary Diseases 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 36-year-old male who reported an injury 08/03/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 08/04/2014 indicated a diagnoses of lumbar radiculopathy, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome, neuropathic pain, chronic pain related depression and chronic pain related sexual dysfunction. The injured worker reported low back pain and pain in the buttocks and the bilateral calves. The injured worker reported he had not had "medical foods" for a while so his pain was a little higher. The injured worker reported his pain level was 5/10 since his last visit. Without medications the injured worker reported his pain was 6/10, with medications the injured worker reported his pain was 5/10. The injured worker's treatment plan included authorization for a urine drug screen, dispense of TENS unit x4 weeks rental, refill gabadone, theramine and trepadone, discontinue TGHot ointment, withdrawal request for additional aqua therapy and Request for Authorization for regular physical therapy and return to clinic in 1 month. The injured worker's prior treatments included diagnostic imaging, and physical therapy and medication management. The injured worker's medication regimen included gabadone, theramine and trepadone. The provider submitted a request for TGHot ointment. A Request for Authorization dated 08/04/2014 was submitted for medications and a urine drug screen; however, a rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TGHot ointment:** 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 rationale:** The request for TGHot is non-certified. TGHot contains (capsaicin, menthol, camphor). The California MTUS 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. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As the physician as requested to discontinue TGHot ointment, TGHot is not indicated at this time. The request for TGHot would not be medically necessary. Therefore, the request is non-certified.