

Case Number:	CM14-0129925		
Date Assigned:	09/05/2014	Date of Injury:	06/27/2013
Decision Date:	11/25/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	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 Orthopedic Surgery and is licensed to practice in Texas. 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 41-year-old male who reported an injury on 06/27/2013. The injured worker was reportedly carrying a nail gun when it discharged a nail into his right knee. The current diagnoses include right knee sprain/strain and intractable pain. The latest physician progress report submitted for this review is documented on 06/24/2014. The injured worker presented with complaints of 5/10 right and left knee pain. Previous conservative treatment is noted to include physical therapy and medication management. Physical examination revealed difficulty rising from a seated position, tenderness and hypertonicity of the right knee quadriceps muscle, 115 degree flexion, 0 degree extension, pain with flexion and extension bilaterally, positive McMurray's sign, and diminished motor strength in the right lower extremity. Treatment recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TG hot (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%):
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 Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are "largely experiment in use with few randomized controlled trials to determine efficacy or safety." Any compounded product that contains at least one drug that is not recommended is not recommended as a whole. Gabapentin is not recommended as there is no peer reviewed literature to support its use. Capsaicin is recommended as a 0.025% formulation, 0.075% formulation, and 0.0375% formulation for patients who have not responded or are intolerant to other treatments. There is no indication of a failure to respond to first line oral medication. As the California MTUS Guidelines do not recommend topical gabapentin, the current request is not medically appropriate. There is also frequency or quantity listed in the request. As such, the request is not medically necessary.