

Case Number:	CM14-0135401		
Date Assigned:	08/29/2014	Date of Injury:	05/20/2009
Decision Date:	09/25/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/22/2014

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 53 year-old patient sustained an injury on 5/20/09 while employed by [REDACTED]. Request(s) under consideration include TGHOT Topical Cream #240gm. Diagnoses include lumbar disc displacement. Report of 7/11/14 from the provider noted the patient with ongoing chronic low back pain rated at 5-8/10 with activities associated with burning sensation down both legs. Conservative care has included physical therapy, chiropractic care, acupuncture, medications, and modified activities/rest. Exam showed tenderness at paraspinous musculature; mid-line lumbar spine; limited range of flex/ext/rotation/ tilt of 15/15/20/10; normal sensation except for dorsal foot and posterolateral calf bilaterally; normal motor except for 4/5 EHL and plantar flexor; DTRs 2+ bilaterally; SI tenderness on compression bilaterally. The request(s) for TGHOT Topical Cream #240gm was non-certified on 8/11/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHOT Topical Cream #240gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, 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. (Namaka, 2004) Page(s): 111-113.

Decision rationale: This 53 year-old patient sustained an injury on 5/20/09 while employed by SR Mutual Investment. Request(s) under consideration include TGHOT Topical Cream #240gm. Diagnoses include lumbar disc displacement. Report of 7/11/14 from the provider noted the patient with ongoing chronic low back pain rated at 5-8/10 with activities associated with burning sensation down both legs. Conservative care has included physical therapy, chiropractic care, acupuncture, medications, and modified activities/rest. Exam showed tenderness at paraspinous musculature; mid-line lumbar spine; limited range of flex/ext/rotation/tilt of 15/15/20/10; normal sensation except for dorsal foot and posterolateral calf bilaterally; normal motor except for 4/5 EHL and plantar flexor; DTRs 2+ bilaterally; SI tenderness on compression bilaterally. The request(s) for TGHOT Topical Cream #240gm was non-certified on 8/11/14. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. There are no evidenced-based studies to indicate efficacy of capsaicin 0.05% formulation nor anti-epileptic medication Gabapentin or topical opioid of Tramadol over oral delivery. Submitted reports have not demonstrated any functional improvement, specific pain relief on VAS rating, and change in work status or increase in activities of daily living functions from treatment already rendered to treat this chronic injury of 2009. Submitted reports have not adequately documented the indication or medical need for this topical compounded analgesic outside guidelines recommendations. The TGHOT Topical Cream #240gm is not medically necessary and appropriate.