

Case Number:	CM14-0154908		
Date Assigned:	09/24/2014	Date of Injury:	11/13/2007
Decision Date:	10/27/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/22/2014

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 Orthopedic Surgery 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 47-year-old gentleman who sustained a low back injury on 10/17/07. The records provided for review documented that the claimant failed conservative care and underwent an L3 through S1 lumbar fusion on 02/08/14. A postoperative assessment dated 07/30/14 described continued low back and leg pain since surgery and that the claimant has been utilizing medications including narcotics. Physical examination showed paraspinous muscle tenderness, restricted lumbar range of motion and diminished sensation diffusely. Postoperatively, the claimant has undergone aquatic therapy, physical therapy, acupuncture, and medication management. This review is for the request for topical use of TGHOT Cream for chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TG Hot cream 240gm: Upheld

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

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

Decision rationale: TGHOT Cream is a combination of Tramadol, Gabapentin, Menthol, Camphor, and Capsaicin. The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend the topical application of Tramadol, Gabapentin, or Capsaicin, except as a second line agent in appropriate clinical settings. The Chronic Pain Guidelines state that if any one agent in a topical compound is not supported then the agent as a whole is not supported. Given the fact that guidelines clearly fail to support the topical use of Tramadol and Gabapentin, this agent as a whole would not be indicated as medically necessary.