

Case Number:	CM14-0157773		
Date Assigned:	10/01/2014	Date of Injury:	03/01/2001
Decision Date:	10/29/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/26/2014

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 Occupational 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:

Patient is a 50 year-old female with dates of injury 03/01/2001 and 05/10/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/15/2014, lists subjective complaints as pain in the right shoulder, lumbar spine, right elbow, and hand. Objective finding: Examination of the cervical spine revealed decreased range of motion with complaints of localized neck discomfort. Cervical compression test was positive with complaints of radiating left upper extremity paresthesias. Patient had a positive Tinell's of the medial nerve at the left wrist, negative on the right. Normal sensation to light touch, symmetrical, bilaterally in the upper extremities and hands. Range of motion of the wrist was limited in all planes with pain. Flexion deformity was noted in the fingers of the left hand involving the third, fourth, and fifth digits. Atrophy was noted in the right thenar muscle. Diagnosis: 1. Bilateral upper extremity overuse tendinopathy 2. Arm, forearm and wrist contusion 3. Post-traumatic hand capsulitis 4. Left elbow epicondylitis 5. Status post left elbow surgery 6. Status post bilateral carpal tunnel releases 7. Anxiety 8. Depression 9. Sleep disorder 10. Shoulder impingement 11. Lumbago 12. Upper extremity neuropathic process with hand contracture. The medical records supplied for review document that the patient was not prescribed the following medication until the date of the request for authorization on 08/15/2014. Medications: 1. TGHOT Cream, #240gm SIG: for topical use.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHOT cream, #240 gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: TG Hot is a compounded medication with the ingredients. Tramadol/Gabapentin/Menthol/Camphor/Capsaicin, 8/10/2/.05%. One of the ingredients is gabapentin. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use.