

Case Number:	CM14-0182224		
Date Assigned:	11/07/2014	Date of Injury:	05/13/2011
Decision Date:	12/11/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	11/03/2014

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 and Rehabilitation, has a subspecialty in Pain 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:

This is a female patient with a date of injury of May 13, 2011. A utilization review determination dated September 29, 2014 recommends non-certification of gabapentin/tramadol cream, 240gm and TGHOT cream, 240gm. A progress note dated June 27, 2014 identifies subjective complaints of numerous somatic complaints. She rates her pain as 8-9/10, and her pain ranges between 3-10/10 depending on her activity. She has a burning sensation in her upper and lower extremities, shoulders, arms, hands, legs, and feet. Physical examination reveals tenderness to palpation of the cervical spine, decreased cervical lordosis with muscle tightness, bilateral shoulders have decreased range of motion secondary to pain, there is diffuse pain around the elbows with full range of motion, there is diffuse pain over the wrists and small joints of the hands, there is tenderness to palpation of the lumbar spine, there is loss of lumbar lordosis, and various muscle tightness of the lumbar spine with focal areas of spasm. The diagnoses include status post two separate falls on May 13, 2011 with injury to multiple body parts, status post right total knee replacement without gross signs of loosening, bilateral hip osteoarthritis, severe advanced lumbar spondylosis, and an old L3 compression fracture. The treatment plan recommends continuation with use of the cane, right knee brace, and request MRI to evaluate the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Tramadol cream, 240gm: 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): 113.

Decision rationale: Regarding topical gabapentin/tramadol cream 240gm, Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. As such, the currently requested gabapentin/tramadol cream, 240gm is not medically necessary.

TGHot cream, 240gm: 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: Regarding the request for TGHot cream, Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. California MTUS cites that capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Topical gabapentin is not supported by the CA MTUS for topical use. Within the documentation available for review, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested TGHot cream is not medically necessary.