

Case Number:	CM14-0028670		
Date Assigned:	06/23/2014	Date of Injury:	03/21/2012
Decision Date:	08/13/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/06/2014

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:

The injured worker is a 49-year-old male with a reported injury that is of cumulative trauma from 01/01/2008 to 12/01/2012 and 03/21/2012. The injured worker had an examination on 11/19/2013 where he had complained of pain that goes from his cervical spine down to his arms and elbows. The injured worker had a history of having physical therapy, muscle relaxants, NSAIDs, home exercise program. He has had transcranial magnetic stimulation multiple times with noted "improvement". The injured worker reported that his quality of life had not been the same since his injuries and he was not able to participate in activities of daily living as he did prior. He rated his pain at an 8/10 with wrist burning, throbbing, numbness, and tingling for most of the day every day. The injured worker upon exam had tenderness over the C5-6 and the C6-7 bilaterally, greater on the right side than on the left. The diagnoses consisted of cervical spine strain/ sprain, rule out cervical discogenic pain; bilateral shoulder strain/sprain; bilateral shoulder subacromial bursitis; thoracic spine strain/sprain; and thoracic spine myofasciitis. His medication list consisted of Tizanidine, also Tramadol, Naprosyn, and Omeprazole and to start him on the TGHOT compound. The latest examination provided was on 02/24/2014 noted the injured worker continued to complain of pain, numbness, and tingling to both hands and pain to both of his shoulders and in his neck radiating down to his arms. Upon this examination, it did reveal that he had a positive Tinel's sign in bilateral wrist and bilateral elbows. He did have a decreased range of motion bilaterally in the shoulders and the impingement sign was positive bilaterally. The list of medications at that exam was not provided. His diagnoses consisted of bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, bilateral shoulder impingement syndrome, headaches, temporomandibular joint pain, sexual dysfunction, blurring vision, and insomnia. The recommended plan of treatment was for him to have MRIs of his shoulders and cervical spine and oral surgeon for his TMJ and a neurologist for his headaches, a urologist for sexual

dysfunction and ophthalmologist for his blurry vision and a sleep specialist for his insomnia. The request for the TGHOT compound was for authorization was signed and dated on 11/26/2013, although the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHOT compound: Upheld

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

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

Decision rationale: The request for the TGHOT compound is non-certified. The injured worker has had cumulative trauma injuries over a period of time with complaints of his cervical spine and his thoracic spine with pain that was in his arms that radiated down to his elbows. He has had previous physical therapy, he has tried muscle relaxants and NSAIDs, he has had a home exercise program and transcranial magnetic stimulation with noted "some improvement" and there is no efficacy mentioned of either one of these programs. The California MTUS Guidelines does not recommend any compound product that contains at least 1 drug or drug class that is not recommended. The California Guidelines do not recommend NSAIDs as there is no evidence to support its use. Another ingredient that is in the TGHOT medication is capsaicin. According to the California MTUS Guidelines, capsaicin is only recommended as an option in patients who have not responded or are intolerant of other treatments. There was a lack of evidence of the response and the efficacy of previous treatments. And there was no mention of the previous treatments not being tolerated. Another ingredient that is in the TGHOT compound is Gabapentin which the Gabapentin is not recommended. There is no peer reviewed literature to support the use of Gabapentin. Furthermore, the request did not come with directions as far as frequency and duration, nor as far as dose and there was also no directions as to placement as to what body part that this was to be used for. Therefore, the request for TGHOT compound is non-certified.