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| Case Number: | CM14-0033287 | | |
| Date Assigned: | 06/23/2014 | Date of Injury: | 04/15/1996 |
| Decision Date: | 08/13/2014 | UR Denial Date: | 02/11/2014 |
| Priority: | Standard | Application Received: | 03/17/2014 |

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 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 52-year-old female with a reported date of injury on 04/15/1996. The mechanism of injury was noted to be a slip and fall. Her diagnoses were noted to include lumbar spine discopathy, lumbar spondylolisthesis, right knee incision and drainage, left knee pain, status post total knee replacement with revision, and left total knee revision. Her previous treatments were noted to include physical therapy, surgery, and medications. The progress note dated 01/09/2014 revealed the injured worker complained of neck, low back, and bilateral knee pain. The injured worker rated the neck and back pain as 6/10 to 7/10 and the right knee pain was 7/10; she complained of left knee pain which she rated 6/10. The physical examination revealed the injured worker ambulated with a cane. The examination of the cervical spine revealed paracervical tenderness, limited range of motion, and head compression sign was positive. The shoulder, elbow, and wrist range of motion was intact. The examination of the lumbar spine revealed forward flexion was to 20 degrees, extension was to 10 degrees, and tilt to the right and left was to 10 degrees. The sciatic stretch signs were negative and reflexes were intact. The examination of the left knee noted the incision was tender and there was trace effusion. There was a grade II swelling in and about the knee and the neurovascular examination was otherwise intact. The provider prescribed Fluriflex and TGIce cream for topical pain relief. The progress note dated 02/06/2014 revealed the injured worker complained of ongoing left knee symptomatology and indicated she had started physical therapy again, but was having a lot of clicking and locking up of the left knee. The injured worker indicated she had back pain and tremors. The physical examination of the left knee revealed the range of motion was to 90 degrees and extension was to 0 degrees. The medial joint line tenderness was noted, as well as effusion. The request for authorization form dated 01/09/2014 was for TGIce cream 180 grams apply a thin layer to the affected area twice a day for topical pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGice 180MG twice daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Non-MTUS Pain-Medical Food-Annals of Internal Medicine, Volume 142, page 205 and on the Non-MTUS Official Disability Guidelines Treatment Index, 12th edition and on the Non-MTUS Evaluation of the Major commercial Weight Loss Programs by A.G. Tais and T.A. Wadden and on the Non-MTUS Annals of Royal College of Surgeons of England, November 2, 2009 and on the Non-MTUS Obesity and Recovery from Low Back Pain: A Perspective Study of Investigative the Effects of Body Mass Index on Recover from Low Back Pain. By: Mangwani J., Giles C., Mullins M., Salih T. and Natali C.

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

Decision rationale: The injured worker has been utilizing this medication since 01/2014. TGice consists of Tramadol and Gabapentin. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not recommend Gabapentin topically as there is no peer-reviewed literature to support the use. The guidelines state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended and Gabapentin is not recommended by the guidelines. Additionally, there was a lack of documentation regarding efficacy and improved functional status with the utilization of this medication. Therefore, the request is not medically necessary.