

Case Number:	CM14-0034625		
Date Assigned:	03/21/2014	Date of Injury:	08/19/2013
Decision Date:	06/09/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/20/2014

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 Texas. 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 patient is a 40 year old female injured on 08/19/13 when she was attempting to lift the back end of a wheelchair while twisting experiencing a sharp, stabbing pain in the miding of her low back radiating down right hip and thigh. The patient was subsequently treated for injuries to her cervical spine, lumbar spine, and right hip. Treatments included pain medications, anti-inflammatories, physical therapy, and trigger point injections without significant improvement in symptoms. The physical therapy evaluation dated 02/26/14 indicated the patient complained of cervical, thoracic, and lumbar spine weakness, pain, and stiffnes with intermittent radiation to the right lower extremity. The most recent medication list included Naproxen, Meloxicam, Metformin, and Glyburide.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND (TGHOT CREAM) 180GM, x30 DAYS, TRAMADOL, GABAPENTIN, MENTHOL, CAMPHOR, CAPSAISIN: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: As mention on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. All components of a compounded topical medication are required to be approved for transdermal use. This compound contains: Tramadol and Gabapentin which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Furthermore, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.