

<b>Case Number:</b>	CM14-0035587		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	03/28/2003
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Nevada. 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 records, presented for review, indicate that this 60-year-old female was reportedly injured on March 8, 2003. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated May 20, 2014, indicated that there were ongoing complaints of neck and right shoulder pains. The physical examination demonstrated a decrease in cervical spine range of motion, a positive compression test, Spurling's test and shoulder depression test. A decrease in the range of motion was reported. Deep tendon reflexes were intact. Diagnostic imaging studies were not presented for review. Previous treatment included multiple medications, physical therapy and total knee replacement arthroplasty. A request was made for several medications and was not certified in the pre-authorization process on July 22, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of TGHOT(Tramadol 8%/Gabapentin 10%/Menthol 2%/Camphor 2%/Capsaicin 0.5%) 180gm: 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 Analgesics Page(s): 111-113.

**Decision rationale:** MTUS Chronic Pain Guidelines state that topical analgesics are "largely experimental" and "any compound product that contains at least one drug (or drug class), that is not recommended, is not recommended". The guidelines indicate gabapentin is not recommended for topical application. Additionally, the guidelines recommend the use of capsaicin only as an option for patients who are intolerant of other treatments, and there is no indication that an increase over a 0.025% formulation would be effective. There was no documentation in the records submitted indicating the employee was intolerant of other treatments. As such, there is no medical necessity established for this preparation.

**1 prescription of Omeprazole 20mg #80:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System: 2012 May. 12p.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** This is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There are numerous proton pump inhibitors available over-the-counter without a prescription. Gastritis has been documented as a diagnosis for this claimant. Therefore, the use of this medication is not medically necessary at this time.