

<b>Case Number:</b>	CM14-0046837		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/24/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Occupational 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:

The claimant was injured on 12/24/12 and had multiple injuries. TG Hot cream is under review. His diagnoses include left hand fracture, multiple trauma with a facial/hip injury, spinal sprain, right femur fracture status post ORIF (Open Reduction and Internal Fixation), possible internal derangement of the knee and right lower extremity neuropathy. He saw [REDACTED] on 11/15/13. At that time he was approaching maximum medical benefit. 8 final visits of aquatic therapy were recommended. He was prescribed Naprosyn and Norco. On 11/15/13, a urine drug screen did not detect Hydrocodone which was inconsistent. On 01/10/14, he saw [REDACTED] and he still had symptoms. He was getting by with ibuprofen and transdermal creams. His pain level was 4-6/10. He was prescribed FluriFlex cream and TG Ice cream and ibuprofen. He received an impairment rating. He had also been prescribed Hydrocodone but it was not detected in the urine drug screen dated 01/17/14. He attended occupational therapy on 02/06/14. He was status post injury to the right lower extremity with non-weight bearing for 8 weeks. His current medications including included over-the-counter ibuprofen only. On 02/28/14, he still had weakness in his lower extremity. He had pain in his right knee and left hand. There was mild lumbar tenderness. Range of motion of the lumbar spine was full. He had tenderness of the left hand and normal range of motion of the right knee. He was using Motrin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TGHot 8/10/2/2/.05% 180 gm. (grams) cream:** 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): 143.

**Decision rationale:** The history and documentation do not objectively support the request for TG Hot 8/10/2/2/.5% 180 grams to apply a thin layer to affected area twice daily at this time. The MTUS state topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004). There is no evidence of failure of all other first line drugs. The claimant received refills of his other medication, ibuprofen, also and was prescribed Norco with no evidence of intolerance or lack of effectiveness of all first line medications. He was also prescribed FluriFlex cream previously and there is also no evidence of intolerance or lack of effectiveness. It is not clear why a different topical cream was prescribed. Therefore, the request of TGHot 8/10/2/2/.05% 180 gm. (grams) cream is not medically necessary and appropriate.