

<b>Case Number:</b>	CM14-0047960		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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. 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:

This is a 39-year-old female with a 3/7/12 date of injury. The injury occurred when she was during her usual and customary job duties lifting 50-pound sacks and placing them on a pallet. According to a progress report dated 3/11/14, the patient complained of right shoulder pain rated as 10/10 on a pain scale of 0-10. Objective findings include shoulder ROM deferred secondary to pain, Jamar grip strength deferred secondary to pain, upper extremity deep tendon reflexes 2+/4 on right and 2+/4 on left, upper extremity motor strength 3+/4 on right and 3+/4 on left. Diagnostic impression include cervical disc disease, status post right shoulder arthroscopy, status post right elbow lateral epicondyle, right wrist triangular fibrocartilage complex tear, carpal tunnel syndrome, lumbar disc disease. Treatment to date include medication management, activity modification, surgery, physical therapy A UR decision dated 3/26/14 denied the request for TGHOT. The rationale for denial was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound TGHOT (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) 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 9792.24.2  
Page(s): 25,28, 111-113.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. A specific rationale identifying why this topical compound is required in this patient despite guideline support was not provided. Therefore, the request for Compound TGHOT (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) 180gm was not medically necessary.