

Case Number:	CM14-0048958		
Date Assigned:	06/25/2014	Date of Injury:	06/19/2004
Decision Date:	12/15/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/25/2014

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 & Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of June 16, 2004. A utilization review determination dated February 24, 2014 recommends noncertification of TG Hot. A progress report dated January 7, 2014 identifies subjective complaints including neck pain with numbness and tingling in the upper extremities as well as low back pain with numbness and tingling in the lower extremities. The patient is currently utilizing Flexeril, nabumetone, and tramadol. Topical creams are also being utilized. Physical examination findings reveal restricted range of motion in the cervical spine and lumbar spine with decreased strength bilaterally in the hip flexors. Diagnoses include cervical disc syndrome, lumbar disc syndrome, bilateral upper and lower extremity radiculitis, and headache. The treatment plan recommends continuing the patient's current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: TGHOT 180gm (Tramadol/Gabapentin/Menthol/Camphor/Capsaicin): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, PAGE 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for TGHot cream, California MTUS cites that capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Topical gabapentin is not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested TGHot cream is not medically necessary.