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| Case Number: | CM14-0052955 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 06/02/2011 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 04/09/2014 |
| Priority: | Standard | Application Received: | 04/21/2014 |

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 Family 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 injured worker is a 45 year old male who was injured on June 2, 2011, resulting in chronic cervical, lumbar spine and bilateral shoulder pain. The injured worker was then working on a station vehicle when he went over a large object and as there was no suspension on the vehicle, he was jolted up in the air off the seat and came down hard. Current diagnoses include left shoulder impingement syndrome, right shoulder impingement syndrome, status post rotator cuff repair x3 on the right shoulder with residuals and cervical spine sprain/strain. Clinical note dated 02/18/14 indicated the injured worker complains of neck pain and bilateral shoulder pain, with pain rated as 8/10 and with medication it goes down to 3/10. Medications include Norco and Lorazepam. Urine specimen was collected for screening. Clinical note dated 03/27/14 indicated the injured worker complains of persistent right shoulder pain, radiating to the cervical spine, with pain rated as 8/10. He has been taking Norco and Lorazepam. Examination of the cervical spine revealed decreased range of motion with flexion at 49 degrees, extension at 50 degrees, right and left lateral rotation at 70 degrees, and right and left lateral flexion at 35 degrees. There was tenderness to the paraspinals and trapezius muscles equally. There was positive Spurling's on the right. Examination of the right shoulder revealed decreased range of motion with flexion at 160 degrees, extension at 40 degrees, abduction at 150 degrees, adduction at 40 degrees, internal rotation at 60 degrees, and external rotation at 70 degrees. There was positive Hawkin's impingement and AC joint tenderness as well as Neer's impingement on the right. There was decreased strength 4/5 on the right with flexion and abduction. The injured worker received injection on his right shoulder for his pain during this clinic visit. Medication include Norco and Kera-Tek prescription. Urine drug screen report dated 02/11/14 was consistent with the prescribed medication hydrocodone. The previous requests for 1 prescription of TGHot cream 180 gm and 1 urinalysis drug screen were non-certified on 04/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHot cream 180 GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines > Topical Analgesics Page(s): 111.

Decision rationale: As noted 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. 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. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. TGHot cream is a compound which contains Tramadol, gabapentin, Menthol, Camphor, and Capsaicin, 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. Therefore this compound TGHot cream 180gm cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43.

Decision rationale: As noted on page 43 of the Chronic Pain Medical Treatment Guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs. Additionally, they can be used to detect the presence of drug dependence or diversion. However, there is no indication in the documentation of suspicion of diversion, dependence, or the use of opioid medications. The last urine drug screen done on 02/11/14 was appropriate for the prescribed medication. As such, the request for urine drug screen cannot be recommended as medically necessary at this time.