

<b>Case Number:</b>	CM14-0056927		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/16/2004
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 53 year old female with an injury date of 07/16/04. Based on 02/26/14 progress report provided by [REDACTED], M.D., the patient complains of low back pain with numbness and tingling to right side of her body. She has undergone four epidural injections, two to the low back and two to the cervical. She also presents with an antalgic gait. Physical Exam 02/26/14:- Lumbar spine: there significant tenderness to paralumbar musculature. Paraspinous spasm to the right is accentuated on range of motion. Range of motion is significantly reduced. Bilateral tilt is 10 degrees and extension is 10 degrees.- Deep Tendon Reflex shows slight diminution on ankle jerk reflex- Plantar strength shows diminution- Straight leg raise: positive on right in both seated and supine positions Diagnosis 02/26/14: 1. Cervical hyperextension/hyperflexion injury 2. Right-sided L5-S1 disc herniation Per progress report dated 02/26/14, current medications include norco and ibuprofen to decrease symptoms. Dr. [REDACTED] is requesting for TG hot topical cream. The utilization review determination being challenged is dated 04/15/14. The rationale is efficacy of topical analgesics, including double-strength capsaicin has not been determined. Dr. [REDACTED] is the requesting provider, and he provided treatment reports from 10/08/10 - 03/26/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TG hot topical cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

**Decision rationale:** The patient presents with low back pain, antalgic pain and is status post four epidural steroid injections. The request is for TG hot topical cream. Per progress report dated 02/26/14, TG hot topical cream ingredients include the following: Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%. MTUS has the following regarding topical creams (p111, chronic pain section): "Recommended as an option as indicated below. 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) ...Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.- Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Per treater report dated 02/26/14, requested topical cream has Gabapentin, a drug not recommended based on MTUS guidelines. Recommendation is for denial.