

Case Number:	CM14-0064152		
Date Assigned:	07/11/2014	Date of Injury:	06/26/2003
Decision Date:	09/12/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/06/2014

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 patient is a 50-year-old female who has submitted a claim for cervical disc disease, cervical radiculopathy, thoracic sprain/strain, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, bilateral shoulder sprain/strain, right carpal tunnel syndrome, and bilateral sacroiliac joint arthropathy; associated with an industrial injury date of 06/26/2003. Medical records from 2013 to 2014 were reviewed and showed that patient complained of cervical and lumbar spine pain, graded 9/10, radiating to the bilateral shoulders and legs, respectively. Pain is associated with numbness, weakness, and tingling sensation. Physical examination showed that patient had a wide-based gait, and performed heel-toe walk with pain secondary to low back pain. There was decreased cervical lordosis. Tenderness and spasm was noted in the cervical paraspinous muscles, trapezius muscles, acromioclavicular joints, over the mid back, and lumbar paraspinous muscles. Axial head compression and Spurling sign were positive bilaterally. Tinel test was positive on the right wrist. Sacroiliac tests and Kemp's test were positive bilaterally. Facet tenderness was noted at C4 through C7, and L4 through S1 levels. Range of motion of the cervical spine, shoulders, and lumbar spine were decreased. DTRs were normal. Motor testing showed weakness of the hip flexors, knee extensors, and big toe extensors. Sensation was decreased along the C5 and C6, and L4 and L5 dermatomes bilaterally. Treatment to date has included medications, cortisone injections to the wrist, and cervical and lumbar epidural steroid injections. Utilization review, dated 04/11/2014, denied the request for TGHOT cream because capsaicin concentration exceeds guideline maximum concentrations, and there is no evidence to support the use of the other ingredients in a topical delivery mode; and denied the request for Flurflex cream because guidelines do not support the topical use of muscles relaxants and flurbiprofen, and because the patient is taking oral cyclobenzaprine and addition of topical cyclobenzaprine is an unnecessary duplication of medications.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

Decision rationale: TGHot contains tramadol 8%, gabapentin 10%, menthol 2%, camphor 2%, and capsaicin 0.05%. Pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many these agents. Regarding the tramadol component, the topical formulation of tramadol does not show consistent efficacy. Regarding the gabapentin component, guidelines do not recommend gabapentin because does not show consistent efficacy. Regarding the capsaicin component, there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Regarding the menthol and capsaicin component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA issued a safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where menthol, methyl salicylate, or capsaicin were applied. The guidelines do not address camphor. In this case, the medical records submitted for review failed to show evidence of failure of or intolerance to oral medications. Furthermore, TGHOT cream contains tramadol and gabapentin that are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for TGHOT CREAM 180 GM is not medically necessary.