

<b>Case Number:</b>	CM14-0069595		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	10/12/2013
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 39-year-old male with a 10/12/13 date of injury, and status post left knee arthroscopy 12/27/13. At the time (3/20/14) of request for authorization for TGHOT cream - Tramadol/gabapentin/menthol/camphor/capsaicin 180 gm, there is documentation of subjective (persistent left knee pain, pain level 7-9/10, right knee pain from compensation rated 6-8/10, and pain in lower back rated as 8-9/10 sometimes) and objective (patellar tracking abnormal, patellar grind maneuver positive, medial joint line tenderness on left knee, medial and lateral joint line tenderness with infrapatellar tenderness on right knee, hamstring tenderness present, effusion present, surgical scarring on left knee, swelling present, positive McMurray's, Drawer's test, Lachman instability, varus-valgus stress test, and instability test, decreased knee range of motion bilaterally, -4/5 flexion strength bilaterally, and 3/5 extension strength bilaterally) findings. Current diagnoses is status post left knee arthroscopy, mild right knee symptomatic tendonitis, and mild lumbar strain, and treatment to date includes physical therapy and surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TGHOT cream - Tramadol/gabapentin/menthol/camphor/capsaicin 180 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of status post left knee arthroscopy, mild right knee symptomatic tendonitis, and mild lumbar strain. However, the requested TGHot cream-Tramadol/gabapentin/menthol/camphor/capsaicin 180 gm contains at least one drug (gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for TGHot cream - Tramadol/gabapentin/menthol/camphor/capsaicom 180 gm is not medically necessary.