

<b>Case Number:</b>	CM14-0090624		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/14/2014
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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, 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 male who sustained work related injuries on February 14, 2014. He has a medical history of a low back lifting injury, for which he was diagnosed with sciatic nerve irritation. He underwent a short course of physical therapy for treatment and has residual symptoms from this injury. Initial evaluation performed on February 14, 2014 indicated the injured worker's complains of neck and upper back pain and an abrasion over the bridge of his nose after hitting the steering wheel. Diffuse tenderness over the paraspinal muscle of the right posterolateral aspect of the neck was noted. Neck ranges of motion were full. On February 17, 2014 an evaluation showed persistent tenderness over the nasal and neck regions. He was diagnosed with neck sprain and strain, open wound of the nose, and non-displaced fracture of the nasal bridge. Anaprox 550 mg and Tylenol were prescribed. Primary treating physician's initial consultation report dated April 8, 2014 describes complaints of neck pain rated as 8/10, right shoulder pain rated as 8/10, upper back pain rated as 7/10, and recurrent headaches with dizziness. Cervical ranges of motion were restricted by pain and spasm. Spurling's test and Foraminal compression test were positive bilaterally. Right shoulder evaluation showed restricted ranges of motion and grade 4/5 muscle strength. Norco 10/325 mg #60; Relafen 750 mg #90; Omeprazole DR 20 mg #60; Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/.5% at 180gm; and FlurFlex 180 gm jar were dispensed. Recent evaluation dated May 6, 2014 noted complaints of neck pain rated at 9/10, sinus pain rated at 8/10, and episodic draining in the left ear of clear fluid. A MRI scan of the cervical spine was still pending. Tenderness over the right infraorbital and right maxillary aspect of the face was appreciated. Tenderness over the right nasal area was also noted. Cervical spine ranges of motion were further decreased compared to evaluation last February 17, 2014. Physical therapy for the cervical spine was requested. Relafen, Cyclobenzaprine, and Omeprazole medications were refilled.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**TGHot (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%)  
180gm jar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, 111-113.

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

**Decision rationale:** TThe Medical Treatment Utilization Guidelines state that use of Topical Analgesics are largely experimental and any compounded product that contains at least one drug or one drug class that is not recommended is not recommended. Topical form of Gabapentin, as per reference guideline, is not recommended. With regard to the component Capsaicin, guidelines recommend its use only as an option for injured workers who are intolerant of other treatments and there is no indication that an increase over 0.025% formulation would be effective. The medical records provided did not indicate any evidence that the injured worker has failed to respond to oral medications or intolerant to other conservative treatment options. Furthermore, the medical records do not provide any evidence for the necessity for two Topical Analgesics. Therefore, it can be concluded that the medical necessity of the requested Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, and Capsaicin 0.05% 180gm is not medically necessary at this time.