

Case Number:	CM14-0091817		
Date Assigned:	07/25/2014	Date of Injury:	04/08/2014
Decision Date:	09/26/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/17/2014

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 Medicine and is licensed to practice in Texas. 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 65 year old male injured on 04/08/14 while coming out of the work truck and fell a distance of 3 feet onto the ground in sitting position. Diagnosis includes sprain lumbar injury. Prior utilization review indicated the injured worker underwent 6 sessions of physical therapy which alleviated the symptoms. There were no other clinical records submitted for review limiting the ability to substantiate the necessity of TGHOT cream and aqua-therapy. The initial request for TGHOT cream and the remaining 4 visits of aqua-therapy were non-certified on 06/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHOT cream 240gm: 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.

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. 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). There is little to no research to support the use of many of these agents. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. The topical TGHot cream, 240gm, contains Tramadol, Gabapentin, Menthol, Camphor and Capsaicin. Gabapentin is not recommended. Capsaicin only recommended as an option in patients who have not responded or are intolerant to other treatments. Therefore this compound, TGHot cream, cannot be recommended as medically necessary.

8 aquatic therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: As noted on page 98 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend 10 visits over 8 weeks for the treatment of lumbar strain/sprain and allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. The patient must also demonstrate functional improvement. However, there was no additional clinical documentation to substantiate the need for additional aquatic therapy sessions. Therefore, the request for 8 aquatic therapy sessions cannot be recommended as medically necessary.