

Case Number:	CM14-0195323		
Date Assigned:	12/03/2014	Date of Injury:	09/19/2008
Decision Date:	01/16/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/21/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 57-year-old male, with a reported date of injury of 09/19/2008. The mechanism of injury was constant pulling, folding, and pushing. The medical report dated 10/08/2014 indicated that the patient complained of constant right shoulder pain, and rated the pain a 6 out of 10. With medications, the patient rated the pain a 2 out of 10. The pain was described as dull, aching, and throbbing, and was aggravated by lifting objects, and prolonged grasping. It was noted that the pain was relieved with rest and medications. He also complained of intermittent, dull, aching, burning right hand/wrist pain, and rated it a 6 out of 10 without medications, and a 2 out of 10 with medications. In addition, there was dull, aching, and throbbing right forearm/elbow pain, which was rated 5 out of 10 without medications, and 1 out of 10 with medications. An examination of the right shoulder showed abduction at 90 degrees; flexion at 90 degrees; internal rotation at 45 degrees; external rotation at 65 degrees; extension at 25 degrees; adduction at 25 degrees; and pain in all motions. An examination of the right elbow showed flexion at 120 degrees; extension at 0 degrees; supination at 60 degrees; and pronation at 60 degrees. An examination of the right wrist/hand showed moderate tenderness; flexion at 60 degrees; extension at 50 degrees; ulnar deviation at 20 degrees; radial deviation at 15 degrees; pronation at 60 degrees; supination at 60 degrees; and pain in all motions. The current diagnoses include right wrist sprain/strain; right hand sprain/strain; right elbow sprain/strain; and right shoulder sprain/strain. Treatments have included right shoulder surgery, Norco 10/325mg, physical therapy, chiropractic, acupuncture, and cortisone injection, with no improvement. The medical records do not include the surgical, chiropractic, physical therapy, or acupuncture reports. On 11/03/2014, Utilization Review (UR) denied the request for TG Hot 240 grams jar (2 creams). The UR physician cited the MTUS Chronic Pain Guidelines and noted that TG Hot is a topical compound that contains Gabapentin, which is not recommended by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

TG Hot 240 Grams Jar (2 Creams): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: An online search has revealed that TG Hot is a topical analgesic containing Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/.05%. CA MTUS Chronic Pain Medical Treatment Guidelines state 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. However, guidelines do not support the use of tramadol or gabapentin in a topical formulation. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for TG Hot 240 Grams Jar (2 Creams) was not medically necessary.