

<b>Case Number:</b>	CM14-0209436		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	02/11/2014
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Rehab, has a subspecialty in Interventional spine 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 57 year old female with an injury date of 02/11/14. Based on the 09/24/14 progress report provided by treating physician, the patient complains of cervical pain and right knee, elbow, and shoulder pain. Patient is status post industrial fall injury, progress report states that patient has had "2 injections" to her right knee, presumably steroids. Physical examination 09/24/14 revealed tenderness to palpation and spasm to the cervical paraspinal muscles, bilateral trapezius muscles and decreased range of motion, positive compression test. Right shoulder tender to palpation anteriorly, positive Neer test. Right elbow was tender to palpation anteriorly, positive Cozen's test noted. Right knee was tender to palpation at anterior, medial, and lateral aspects, positive McMurray's test and decreased range of motion and strength noted. The patient is currently prescribed Fluriflex, TG Hot, Cyclobenzaprine, Motrin, and has an interferential unit as well as a hot/cold therapy unit. Patient's work status is not discussed in the report. Diagnosis 09/24/14- Head pain- Cervical muscololigamentous strain/sprain with radiculitis- Rule out cervical spine discogenic disease- Right shoulder strain/sprain- Right elbow strain/sprain- Right elbow epicondylitis- Right knee strain/sprain- Rule out right knee internal derangement The utilization review determination being challenged is dated 11/13/14. The rationale is: "There was no clear detail provided as to why the patient requires these multiple prescription topical compounded analgesic treatments and why an over-the-counter topical agent could not be used, as the use of prescription topical compounded analgesics is unproven as an effective treatment..." Treatment reports were provided from 08/01/14 to 09/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TGHot cream, 180 grams:** 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:** The patient presents with cervical pain and right knee, elbow, and shoulder pain. The request is for TG hot cream, 180 grams. Physical examination 09/24/14 revealed tenderness to palpation and spasm to the cervical paraspinal muscles, bilateral trapezius muscles and decreased range of motion, positive compression test. Right shoulder tender to palpation anteriorly, positive Neer test. Right elbow was tender to palpation anteriorly, positive Cozen's test noted. Right knee was tender to palpation at anterior, medial, and lateral aspects, positive McMurray's test and decreased range of motion and strength noted. The patient is currently prescribed Fluriflex, TG Hot, Cyclobenzaprine, Motrin, and has an interferential unit as well as a hot/cold therapy unit. Patient's work status is not discussed in the report. The MTUS has the following regarding topical creams (p111, chronic pain section): "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended..." In regards to Gabapentin: "Not recommended. There is no peer-reviewed literature to support use." In this case, the treating physician has prescribed TG Hot topical cream for the treatment of this patient's chronic pain. However, TG Hot cream includes Gabapentin in its formulation. Gabapentin is not recommended by MTUS guidelines. Therefore, this request is not medically necessary.