

<b>Case Number:</b>	CM15-0161979		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56 year old female who sustained an industrial injury on 10-18-2012. Mechanism of injury occurred when he was putting groceries in her car and she reached to adjust the eggs she tripped and fell onto the top of her left arm. Diagnoses include pain in wrist-forearm, joint pain-hand, and encounter for long term use of medications. Treatment to date has included diagnostic studies, physical therapy and medications. Current medications include Nexium, Diclofenac Sodium, TG-HOT cream, and Ibuprofen. She is working at her job with modifications. A physician progress note dated 07-14-2015 documents the injured worker complains of pain in her bilateral wrist pain which she rates as 7 out of 10 without medications, and with medications her pain is 5 out of 10. She also complains of fatigue and depression. On examination of the left and right upper arm there was tenderness of the forearm and wrist on palpation and positive Finkelstein's, Phalen's and Tinel's tests. Range of motion of the wrist was painful and restricted. The lumbar spine was tender at facet joints and range of motion was restricted. She was taking Diclofenac and Omeprazole and neither of these works very well for her. Her primary care physician gave her Nexium and Ibuprofen in the past and that is what she is using. She also uses TG-HOT cream. Treatment requested is for Pharmacy purchase of TG-HOT (Tramadol/Gabapentin/Menthol/Camphor/Capsaicin) 8/10/2/2/.05% 240gm cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of TGHOT (Tramadol/Gabapentin/Menthol/Camphor/Capsaicin)  
8/10/2/2/.05% 240gm cream: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for TGHOT, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Gabapentin is not supported by the CA MTUS for topical use. Within the documentation available for review, none of the above mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested TGHOT is not medically necessary.