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| Case Number: | CM15-0029064 | | |
| Date Assigned: | 02/23/2015 | Date of Injury: | 01/10/2014 |
| Decision Date: | 04/06/2015 | UR Denial Date: | 02/05/2015 |
| Priority: | Standard | Application Received: | 02/17/2015 |

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

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 37-year-old male who reported a repetitive strain injury on 01/10/2014. The current diagnoses include right shoulder strain, right shoulder tendinitis, rule out right shoulder rotator cuff tear, bilateral wrist sprain, bilateral hand strain, left thumb tenosynovitis, bilateral knee sprain, right knee meniscal tear, rule out left knee internal derangement, rule out toxic exposure, sleep disturbance secondary to pain, and situational depression. The injured worker presented on 10/08/2014 for a followup evaluation with complaints of persistent pain in the right upper extremity as well as the bilateral knees. Upon examination of the right shoulder, there was tenderness to palpation with restricted range of motion and positive impingement and supraspinatus test. There was 2 to 3+ tenderness to palpation over the right arm, bilateral wrist, and bilateral hands. Examination of the bilateral knees also revealed tenderness to palpation with restricted range of motion and a positive McMurray's sign. Recommendations included continuation of the current medication regimen. A urine toxicology test was also recommended on that date. A Request for Authorization form was then submitted on 10/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHot bid 180 G (Tramadol 8%, Gabapentin 10%, Capsaicin 0.05%, Menthol 2%, Camphor 2%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Gabapentin is not recommended for topical use as there is no peer reviewed literature to support its use as a topical product. Capsaicin is only recommended in patients who have not responded or are intolerant to other treatments. In this case, there was no evidence of a failure of first line oral medication. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.