

<b>Case Number:</b>	CM15-0029516		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	01/06/2009
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 36 year old male, who sustained an industrial injury on 1/6/2009. He has reported neck, mid back, low back and left knee pain as a result of repetitive activities. The diagnoses have included cervical pain exacerbation, lumbar pain exacerbation, failed back syndrome, left knee excretion and synovitis, right knee and right ankle synovitis, patellar tendinosis, pilonidal cyst, gastropathy secondary to medication and depression. He is status post laminotomy and decompression L2-3 2013 and L5-S1 2012. Repeat Magnetic Resonance Imaging (MRI) of cervical spine 11/12/14 significant for disc herniation and stenosis noted at C3-C4. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, physical therapy, post operative physical therapy and post operative aquatic therapy. Currently, the IW complains of neck pain, low back pain with radiation, and bilateral knee pain. The physical examination from 12/18/14 documented cervical spine tenderness and spasms, lumbar tenderness with restricted Range of Motion (ROM) and positive straight leg raise bilaterally. The right knee was documented to have restricted Rom and pain. The plan of care included continuation of the topical compound cream. On 1/27/2015 Utilization Review non-certified a compound cream - TGHOT 180 grams and Fluriflex 180 grams, noting the documentation did not support medical necessity. The MTUS and ACOEM Guidelines were cited. On 2/17/2015, the injured worker submitted an application for IMR for review of compound cream - TGHOT 180 grams and Fluriflex 180 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound cream - TGHOT 180 GMS and Fluriflex 180 GM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111) topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is a limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of Tramadol, Gabapentin, Menthol, Camphor and Capsaicin. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the use of TGHOT 180 GMS and Fluriflex 180 GM is not medically necessary.