

Case Number:	CM15-0088127		
Date Assigned:	05/12/2015	Date of Injury:	10/24/2012
Decision Date:	06/11/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/07/2015

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, Alabama, 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 63-year-old female, who sustained an industrial injury on 10/24/2012. The details regarding the initial injury were not included in the medical records submitted for this review. Diagnoses include bilateral carpal tunnel syndrome status post bilateral carpal tunnel release, cervical myofascial sprain/strain, right shoulder impingement syndrome, right lateral epicondylitis, and lumbar myofascial sprain/strain. Treatments to date include medication therapy, physical therapy, and acupuncture treatments. Currently, she complained of constant wrist pain rated 8/10 VAS. On 2/19/15, the physical examination documented tenderness at both wrists. The right wrist demonstrated positive Phalen's test, Tinel's sign and Finkelstein's tests. Decreased range of motion of bilateral wrists was noted. The plan of care included a topical compound cream, Tramadol 8%/ Gabapentin 10%/ Menthol 2%/ Camphor 2% (TGICE) topically two to three times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGIce compound cream 2-3 times #1: Upheld

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

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

Decision rationale: TGIce is a topical analgesic formed by tramadol, Gabapentin, Menthol and Camphor cream. 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. That is 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. Gabapentin is not approved for transdermal use. There is no proven efficacy of transdermal Tramadol. 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 TGIce compound cream 2-3 times #1 is not medically necessary.