

Case Number:	CM13-0032237		
Date Assigned:	12/04/2013	Date of Injury:	03/10/2001
Decision Date:	09/25/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/07/2013

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 and Rehabilitation 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 injured worker is a 64-year-old male who sustained an industrial injury on March 10, 2001; he injured his abdominal wall while lifting a manhole. Comorbidities include obesity, diabetes type 2, smoking, history of umbilical hernia repair in 1996, bleeding hemorrhoids, possible diabetic neuropathy, and retinopathy. He reported abdominal wall pain and right-sided chest wall pain. He indicates that he has been taking Gabapentin, TG hot compound and Lidoderm patches, which helped. On examination, tenderness was present on the right side of the chest wall over T9-T12. He also had some epigastric area swelling and tenderness. CT of abdomen and CT of the chest without contrast showed degenerative arthritis of thoracic spine with ossification of anterior longitudinal ligament and probable cholelithiasis with a 15 mm gallstone. The diagnostic impression was abdominal wall hernia, status post chest wall contusion with residual pain and rule out intercostal neuralgia T7 through T11 right side. The request for TG hot topical cream (10% Gabapentin, 8% Tramadol 2%, Menthol 2% Camphor, 0.05% Capsaicin) was denied on 09/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TG HOT TOPICAL CREAM (10% GABAPENTIN, 8% TRAMADOL 2% MENTHOL 2% CAMPHOR, 0.05% CAPASAICIN): 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: According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are an option with specific indications; many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents, and they are largely considered experimental. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the guidelines, Gabapentin is not recommended for topical application. There is no peer-reviewed literature to support use. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Tramadol is not approved for topical use. Per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary according to the guidelines.