

<b>Case Number:</b>	CM14-0118550		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/24/2012
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Nevada. 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 records presented for review indicate that this 55 year-old individual was reportedly injured on 7/24/2012. After a thorough review of the medical records, the mechanism of injury was not identified. The most recent progress note, dated 6/5/2014, indicates that there are ongoing complaints of low back pain that radiates in the right lower extremity. The physical examination demonstrated lumbar spine: positive tenderness to palpation of the lumbar paraspinal muscles bilaterally, positive muscle spasm noted with lumbar range of motion. Reflexes in the right side 1+, muscle strength 4/5. Decreased sensation to light touch on the right lower extremity at L4-L5 nerve distribution. Positive tenderness to palpation of the lumbar spinous processes and PSIS, Straight leg raise positive in sitting position on the right. Range of motion: flexion 60, extension 40, bilateral tilt 40, bilateral rotation 40. No recent diagnostic studies are available for review. Previous treatment includes epidural steroid injection, medications, and conservative treatment. A request had been made for TGHOT analgesic cream and was not certified in the pre-authorization process on 6/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound: TGHOT Analgesic Cream:** Upheld

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

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

**Decision rationale:** TGHot (Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/0.05%) Cream: MTUS Chronic Pain Guidelines state that topical analgesics are "largely experimental" and "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". The guidelines indicate Gabapentin is not recommended for topical application. Additionally, the guidelines recommend the use of Capsaicin only as an option for patients who are intolerant of other treatments and there is no indication that an increase over a 0.025% formulation would be effective. There is no documentation in the records submitted indicating the claimant was intolerant of other treatments. The request for topical TGHot is not in accordance with the MTUS guidelines. Therefore, the request for TGHot Cream is not medically necessary.