

Case Number:	CM14-0121470		
Date Assigned:	08/06/2014	Date of Injury:	12/27/2007
Decision Date:	09/30/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/31/2014

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 Family Medicine 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:

This 69 year old patient had a date of injury on 12/27/2006. The mechanism of injury was not noted. In a progress noted dated 6/16//2014, subjective findings included low back aching pain, along with right lower extremity radiculopathy. He also experiences neck pain, along with aching pain in bilateral hands which he rates as 7/10. On a physical exam dated 6/16/2014, objective findings included right lower extremity numbness and tingling, along with weakness, as well as upper extremity weakness. Diagnostic impression shows bilateral knee tendinopathy, mild shoulder acromioclavicular arthrosis, single level cervical discopathy. Treatment to date: medication therapy, behavioral modification. A UR decision dated 8/6/2014 denied the request for TG HOT 240gm, stating that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Also, any compounded product that contains at least 1 drug that is not recommended is not recommended. Furthermore, Gabapentin is not recommended in topical form as there is not peer-reviewed literature to support use.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHot 240 gm cream: 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 Page(s): 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. An online search has revealed that TG Hot is a topical analgesic containing Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/.05%. CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As this medication contains compounds not supported by MTUS and ODG guidelines, medical necessity has not been met. Furthermore, in the reports viewed, there was no documentation of the patient failing a 1st line oral analgesic regimen prior to this request. Therefore, the request for TG Hot 240gm Cream was not medically necessary.