

Case Number:	CM14-0121970		
Date Assigned:	08/06/2014	Date of Injury:	03/03/2011
Decision Date:	10/14/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/01/2014

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 Pain Management 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 51 year old male who sustained work-related injuries on March 3, 2011 while performing his usual and customary duties as a maintenance worker for [REDACTED]. His working diagnoses are: Left foot/ankle trauma, gastrointestinal pain, and benign plantar fibrosis. The injured worker was most recently diagnosed with hyperglycemia and hypertension. Progress reports dated January 20, 2014, February 20, 2014, and April 3, 2014 noted ongoing complaints of left ankle and foot pain with numbness as well as a pins and needles sensation. The injured worker was observed to walk with an antalgic gait with the use of cane for gait assistance. The physical exam showed effusion, tenderness and restricted ranges of motion of the left foot and ankle. There was weakness on extension and flexion. The lumbar spine exam showed tenderness from the thoracolumbar spine down to the base of the pelvis and slight tightness of the paralumbar musculature. The injured worker is not attending physical therapy. He is placed on temporary total disability. A recent progress report dated June 26, 2014 noted complaints of severe left foot and ankle pain exacerbated by his diabetes. He rated his pain as 7/10. He was recently authorized to undergo surgery, but cannot proceed due to his hypertension and diabetes. He was observed to walk with an antalgic gait and utilized a cane when ambulating. The physical exam findings showed an enlarged plantar fibromatosis on the left foot. Tenderness was absent on the left metatarsal and ankle ligament complex. Tenderness over the lateral malleolus was noted. Plantar tension sign was positive. Left dorsiflexion and planter flexion were decreased. A progress report from July 25, 2014 noted similar findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGIce Topical Cream 240gm #1: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and when there is no need for titration. However, the referenced guideline also indicates that any compounded product that contains at least one drug (or drug class) that is not recommended is considered not medically necessary. In this case, TGIce topical cream is comprised of tramadol, gabapentin, menthol, and camphor (8/10/2/2%). Topical use of gabapentin is not recommended, as there is no peer-reviewed literature to support its use. The guidelines do not specifically address menthol. Capsaicin is indicated by the guidelines as recommended only as an option in workers who have not responded or are intolerant to first-line analgesics. In this case, there was no evidence in the medical records submitted that would suggest intolerance to and/or failure of multiple classes of oral agents and/or oral adjuvant medications so as to make a case for usage of topical agents and/or topical compounds which, per the American College of Occupational and Environmental Medicine guidelines, are "not recommended." There is also no clear evidence in the records that suggests the injured worker is suffering from neuropathic pain. Therefore, the request of TGIce Topical Cream 240gm #1 is not medically necessary and appropriate.

TGHot Topical Cream 240gm #1: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and when there is no need for titration. However, the referenced guideline also indicates that any compounded product that contains at least one drug (or drug class) that is not recommended is considered not medically necessary. In this case, TGIce topical cream is comprised of tramadol, gabapentin, menthol, and camphor (8/10/2/2%). Topical use of gabapentin is not recommended, as there is no peer-reviewed literature to support its use. The

guidelines do not specifically address menthol. Capsaicin is indicated by the guidelines as recommended only as an option in workers who have not responded or are intolerant to first-line analgesics and it is not recommended in a formulation of 0.050% as there has been no evidence to support this formulation. In this case, there was no evidence in the medical records submitted that would suggest intolerance to and/or failure of multiple classes of oral agents and/or oral adjuvant medications so as to make a case for usage of topical agents and/or topical compounds which, per the American College of Occupational and Environmental Medicine guidelines, are "not recommended." There is also no clear evidence in the records that suggests the injured worker is suffering from neuropathic pain. Therefore, TGHot Topical Cream 240gm #1 is not medically necessary and appropriate.