

<b>Case Number:</b>	CM14-0125066		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	05/20/2005
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 59-year-old female who reported an injury on 06/15/2012 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her right shoulder. This ultimately resulted in open reduction internal fixation of a fracture. The injured worker participated in postoperative physical therapy. The injured worker had postoperative chronic pain managed with medications to include a Butrans patch, gabapentin, and hydrocodone/APAP. The injured worker was evaluated on 08/29/2014. Physical findings included a well healed scar of the right upper extremity with tenderness to palpation of the right anterior shoulder. It was noted that the injured worker had decreased range of motion secondary to pain and profound weakness of the right upper extremity with an inability to perform a Jamar hand test. The injured worker's diagnoses included right shoulder pain, hypertension, status post right shoulder surgery times 2 with residuals, history of bilateral carpal tunnel release, and left shoulder arthroscopy. The injured worker's treatment plan included a home exercise program, acupuncture, and continued medication usage. A request was made for TGIce topical analgesic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TGIce (tramadol 8%, gabapentin 10%, menthol 2%, camphor2% cream 240gm): 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. Decision based on Non-MTUS Citation Effectiveness of topical administration of opioids in palliative care: a systematic review; B LeBon, G Zeppetella, IJ Higginson - Journal of pain and symptoms, 2009 - Elsevier

**Decision rationale:** The requested TGIce tramadol 8%, gabapentin 10%, menthol 2%, camphor2% cream 240gm is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend topical salicylates such a menthol and camphor in the management of osteoarthritis pain. However, California Medical Treatment Utilization Schedule does not recommend the use of gabapentin as a topical analgesic as there is little scientific evidence to support the efficacy and safety of this medication as a topical agent. Additionally, peer reviewed literature does not support the use opioids as topical analgesics, as there is little scientific evidence or clinical trials to support the efficacy and safety of this type of medication as a topical agent. California Medical Treatment Utilization Schedule states that any medication that contains at least 1 drug (or drug class) that is not supported is not recommended. As such, the requested TGIce tramadol 8%, gabapentin 10%, menthol 2%, camphor2% cream 240gm is not medically necessary or appropriate.