

Case Number:	CM14-0139793		
Date Assigned:	09/08/2014	Date of Injury:	01/28/2002
Decision Date:	10/10/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/28/2014

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 Internal Medicine, Pulmonary Diseases 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 46-year-old male who reported an injury on 01/28/2002. The mechanism of injury was not provided within the medical records. The clinical note dated 12/12/2013 indicated diagnoses of upper extremity synovitis, lateral epicondylitis, lumbar discopathy, knee arthrosis, and ankle pain. The injured worker reported low back pain and mid back pain. The injured worker reported his low back pain and mid back pain were feeling somewhat better, and he had received therapy. The injured worker reported his therapy was beneficial. On physical examination of the lumbar spine there were spasms and tenderness to palpation in the paralumbar musculature. The injured worker had a mildly reduced range of motion. The injured worker's treatment plan included a recommendation for 8 visits of chiropractic therapy. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Fluriflex cream, Ambien, and TGIce. The provider submitted a request for TGHOT. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

**TGHOT (TRAMADOL/GABAPENTIN/MENTHOL/CAMPBOR/CAPSAICIN
8/10/2/.05%) 240GM: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESIC.

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

Decision rationale: The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It was not indicated that the injured worker had tried and failed antidepressants or anticonvulsants. In addition, a thorough search of fda.gov did not indicate there was a formulation of topical tramadol that had been FDA approved. Furthermore, gabapentin is not recommended. There is no peer reviewed literature to support its use. Additionally, it was not indicated if the injured worker was intolerant to other treatments. Moreover, capsaicin is recommended in the formulation of 0.025%. The formulation of TGHOT is 0.05%. This exceeds the guidelines' recommendation. Moreover, the provider did not indicate a rationale for the request. In addition, the results from an updated physical examination are not present in the medical records provided for review. Furthermore, the request does not indicate a frequency or quantity. Therefore, the request for TGHOT is not medically necessary.