

Case Number:	CM14-0143006		
Date Assigned:	09/10/2014	Date of Injury:	03/25/2013
Decision Date:	10/10/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/03/2014

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, has a subspecialty in Interventional Spine 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 patient is a 43 year old female with an injury date of 03/25/13. Per the 05/10/13 report by [REDACTED], the patient presents with the most pain to left elbow and wrist. She also has persistent left shoulder and ongoing neck pain. The patient is currently working. Examination of the cervical spine reveals spasm and tenderness. Foraminal compression aggravates the chief complaint. Examination of the left shoulder reveals a positive impingement sign, and the left elbow examination reveals exquisite tenderness with palpation of the lateral epicondylar area. Wrist flexion aggravates left elbow pain. The patient's diagnoses include: 1.Cervical hyperextension/hyperflexion 2.Left shoulder impingement syndrome 3.Left elbow epicondylitis.The only prescribed medication listed is Tramadol. The utilization review being challenged is dated 08/21/14. Treatment reports from 05/10/13 to 05/10/13 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGhot (Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/2/.05%) Cream 240gm to be applied to the affected area twice daily: 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 rationale: The patient present primarily with pain to the left elbow and wrist. The patient also presents with persistent left shoulder and neck pain. The treater requests for TgHot (Tramadol/Gabapentin/Menthol/Camphor/Capsaicin .05% cream 240 gm to be applied to the affected area daily. The MTUS has the following regarding topical creams (page 111, chronic pain section): "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, tramadol is not supported for topical formulation, and MTUS specifically states that Gabapentin is not recommended under the topical cream section. Therefore, the request is not medically necessary.