

Case Number:	CM14-0099906		
Date Assigned:	07/28/2014	Date of Injury:	10/14/1999
Decision Date:	09/17/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/30/2014

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 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 51 year old male who was injured on 10/14/1999. The mechanism of injury is unknown. Prior treatment history has included TENS, topical analgesics. Progress report dated 05/19/2014 states the patient presented with aching pain in her neck which he rated a 5/10. He complained of stabbing pain in his low back rated as a 5/10. He complained of aching pain in his knee which he rated as 6/10. On exam, tenderness to palpation at the occipital insertion of the paracervical muscle. There is mild tenderness bilaterally in the trapezii. The midline base of the cervical spine is tender. Neurologically, he is intact. Range of motion of the cervical spine revealed flexion to 30 degrees with discomfort; extension to 20 degrees with significant paracervical discomfort. There is inhibition of rotation to the right and left to only 20 degrees; scapular retraction is limited and produces rhomboid pain. He has full shoulder motion with tenderness of the trapezius. The lumbar spine revealed tenderness to palpation of the thoracolumbar spine down to the base of the pelvis. The paralumbar musculature is slightly tight. The buttocks are tendern. He was unable to fully squat due to the pain. He also had tenderness of the pelvis which indicates midl sacroiliac joint symptomatology. Range of motion of the lumbar spine revealed flexion to 25 to 30 degrees; extension to 20 degrees; tilt to the right and left is 20 degrees. There is also mild sciatic stretch. The bilateral knees revealed positive patellar grind maneuver and tenderness present at the hamstring. There is tenderness present over the medial and lateral aspects as well. McMurray's test is positive as well as Varus-valgus stress test. Range of motion of bilateral knees revealed flexion to 180 bilaterally; extension to 130 bilaterally; strength is 5/5 bilaterally in all planes. Diagnoses are cervical multilevel discopathy without radiculopathy; lumbar sprain/strain syndrome; hyperextension/hyperflexion; and bilateral knee mild to moderate arthrosis with possible internal derangement; meniscal tear. The patient was recommended for TG Hot 8/10/2/2/0.05% 240 gm cream. Prior utilization review

dated 06/17/2014 states the request for TG Hot 8/10/2/2/0.05% 240 gm cream, apply twice daily is denied as any compounded product that contains at least one drug or drug class that is not recommended is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

TG Hot 8/10/2/2/0.05% 240 gm cream, apply twice daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation FDA approved products.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Analgesics.

Decision rationale: This is a request for TG Hot, a topical analgesic that contains Gabapentin. However, according to MTUS guidelines, topical Gabapentin is not recommended as there is no peer-reviewed literature to support its use. History and examination findings do not support an exception to this recommendation. Medical necessity is not established.