

<b>Case Number:</b>	CM15-0077362		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	03/21/1991
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 57 year old male who sustained an industrial injury on 03/21/91. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include low back pain. Current diagnoses include thoracic or lumbosacral neuritis or radiculitis lumbosacral spondylosis, displacement of lumbar intervertebral disc, headache, and degeneration of thoracic or thoracolumbar intervertebral disc, and sleep disturbance. In a progress note dated 02/03/15 the treating provider reports the plan of care as continued medications including Viagra, Tranzgel, Cialis, Norco, Soma, Lexapro, Risperadal, Omeprazole, mirtazapine, Klonopin, Imitrex, Gabapentin, and duragesic. The requested treatment is Tranzgel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tranzgel gel 50ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

**Decision rationale:** According to the MTUS, there is little to no research to support the use of topical compounded creams. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for the treatments have not been met and are not medically necessary.