

<b>Case Number:</b>	CM15-0079229		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 42 year old male, who sustained an industrial injury on January 16, 2013, incurring injuries to the left hand, wrist, arm and shoulder after lifting a heavy case of glasses. He was diagnosed with left wrist tendonitis and tenosynovitis of the hand and wrist. Treatment included bracing, surgical interventions, occupational therapy, physical therapy and pain management. Currently, the injured worker complained of ongoing shoulder pain radiating down into the elbow hands and thumb. The treatment plan that was requested for authorization included a prescription for (Tramadol, Gabapentin, Menthol, Camphor and Capsaicin) TGHOT 30 gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TGHOT .05 Percent Qty 30 Gram:** Upheld

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

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

**Decision rationale:** The MTUS guidelines on Topical Analgesics describe topical treatment as an option, however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Gabapentin is not recommended as a topical lotion or gel for neuropathic pain, categorizing the requested compound as not recommended by the guidelines. The lack of evidence to support use of topical compounds like the one requested coupled with the lack of evidence for functional improvement using the topical and failed treatment by other modalities makes the requested treatment not medically indicated.