

Case Number:	CM14-0146346		
Date Assigned:	09/12/2014	Date of Injury:	12/05/1997
Decision Date:	10/23/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/09/2014

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 Family Medicine and is licensed to practice in Colorado. 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:

This 66 year old female with date of back injury 12/5/1997 returns to treating physician for management of ongoing back pain, per "stipulation and award" for medical care after industrial injury. The patient returned to work January 2013 per the records supplied. Per records reviewed, patient generally rates the pain in back 5/10 and characterizes the pain as "stabbing" regardless of the interventions, but the treating physician documents "improved" with ibuprofen and methocarbamol combination with myofascial release (self-pay) and chiropractic care (self-pay). The treating physician did document that patient had failed acetaminophen trial, and that patient continued home exercises and daily stretches without much relief. Patient received a partial authorization for physical therapy in 2/2014, but the records available do not indicate that she participated in that. Per the records reviewed, Fluriflex (Flurbiprofen /Cyclobenzaprine 15/10%) topical and TGIce topical have both been recommended (denied by utilization review), and then the treating physician indicates patient has used topical analgesics to help with pain and limit intake of oral medications. It is unclear in the records which topical analgesic she has been using and whether or not one is more effective than the other for patient. Urine drug screen 4/2/2014 was positive for Tramadol which was not reported as prescribed at that time. No documentation was supplied for review that indicates this finding was discussed with patient or makes clear reasons for Tramadol presence. At the patient's 4/2/2014 office visit with the treating physician Amitramadol DM (Amitriptyline / Tramadol / Dextromethorphan 4/20/10%) Ultra cream was recommended, but records do not make it clear if this was ever used by / prescribed for patient. No radiological studies or neurological studies were available for review. As of 7/10/2014 office visit, patient complaints were essentially unchanged, and she had tenderness through thoracolumbar to pelvis, with "tight" paraspinal muscles noted. Diagnoses for patient: Mid thoracic strain /Lumbar disc herniation. Patient was already taking ibuprofen

and methocarbamol at the 7/2014 office visit. The treating physician then requested TGHot cream for additional pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHot Cream 240gm cream - apply twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Guidelines; regarding Topical Analgesics Page.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 28-29, 111-113.

Decision rationale: Per the MTUS Guidelines, topical analgesics may be indicated for specific conditions when other therapies have failed. However, the guidelines make it clear that if a drug or drug class in a given topical compound is "not recommended," then the entire compounded topical is not recommended. The requested topical analgesic is TGHot cream which includes Tramadol, Gabapentin, Menthol, Camphor, and Capsaicin 0.5%. Per the guidelines, capsaicin topical can be recommended for those who have failed to respond to or are intolerant of other options for pain relief. Some good randomized studies suggest that capsaicin is useful for osteoarthritis, fibromyalgia and chronic non-specific back pain (consistent with patient of concern). However, higher doses of capsaicin (anything over 0.025% based on available studies) are considered experimental and have no studies to support use in the above conditions. It is noted that capsaicin has moderate to poor efficacy, but can work, alone or in compound, for patients whose pain has not been controlled with conventional therapies. Per the guidelines: "The number needed to treat for neuropathic conditions was 5.7. (Robbins, 2000) (Keitel, 2001) (Mason-BMJ, 2004). The results from this RCT support the beneficial effects of 0.025% capsaicin cream as a first-line therapy for OA pain. (Altman, 1994) Capsaicin produces highly selective regional anesthesia by causing degeneration of capsaicin-sensitive nociceptive nerve endings, which can produce significant and long lasting increases in nociceptive thresholds. (Maroon, 2006)" The above statements, it should be noted, support only the use of 0.025% dose capsaicin. Based on the above, the capsaicin in TGHot cream would not be recommended because of high dose. Per the MTUS Guidelines, Gabapentin topical is not recommended. No studies support its use in topical preparations. The MTUS Guidelines do not address topical Tramadol, topical Menthol, or topical Camphor, which in this case is not relevant because the Gabapentin and Capsaicin at 0.5% are not recommended, so the entire topical preparation of TGHot cream is not recommended and not medically indicated.