

Case Number:	CM13-0045025		
Date Assigned:	03/31/2014	Date of Injury:	07/23/2010
Decision Date:	04/29/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	10/30/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine 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 52 year old male who was injured on 07/23/2010 when he was involved in a foot chase/fight with a combative suspect and he developed an immediate onset of pain in his back. Prior treatment history has included prescription medication and physical therapy. Diagnostic studies reviewed include MRI's of the lumbar spine performed on 08/23/2011 05/23/2012 and 10/19/2013, CT of the lumbar spine 09/18/2013 and an EMG/NCV on 05/29/2012. PR dated 10/03/2013 documented the patient to have complaints of constant pain in the low back. Objective findings on examination of the lumbar spine revealed pain and tenderness in the mid to distal lumbar segments; standing flexion and extension are guarded and restricted; seated nerve root test is positive. There is a radicular pain component in the lower extremities noted in what appears to be the L4-L5 and L3-L4 roots and dermatomes bilaterally. The patient was diagnosed with lumbar discopathy. Orthopedic Follow-up evaluation note dated 03/14/2014 indicated the patient reports on-going moderate lumbar spine pain. He reports taking more pain medication to suppress his symptoms. The patient states increased myospasms in his bilateral lower extremities, which wake him up at night. Objective findings on exam revealed tenderness of the Paralumbar musculature. There are muscle spasms noted; straight leg raise 90 degrees, bilaterally, are noted with associated lumbar spine pain. The patient is diagnosed with lumbar sacral strain and aggravation of prior discopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 10% IN CAPSAICIN SOLUTION LIQUID: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the CA MTUS guidelines, gabapentin is not recommended for topical application as there is no peer-reviewed literature to support its use. The requested gabapentin 10% in capsaicin solution liquid is not recommended, as any compounded topical analgesic product that contains at least one drug (or drug class) that is not recommended is not recommended.

COOLEZE (MENTH/CAMP/HYALOR ACID): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The CA MTUS guidelines state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical records provided and reviewed do not show the patient failed these treatments. Further, the guidelines state that the following topical analgesics are recommended and the requested Cooleze product does not contain any of these ingredients. Recommended: NSAIDs for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment; Lidocaine for neuropathic pain after evidence of a trial of first line therapy; Capsaicin for patients that have not responded to or are intolerant to other treatments; Ketamine for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Based on the above guidelines, the request for Cooleze is not medically necessary.