

Case Number:	CM13-0049878		
Date Assigned:	12/27/2013	Date of Injury:	02/01/2010
Decision Date:	09/05/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/08/2013

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 Orthopedic Surgery 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 31-year-old who was injured on February 1, 2010. The mechanism of injury is unclear. There is current documentation of a September 23, 2013 lumbar epidural steroid injection taking place for a diagnosis of discogenic disease, radiculopathy, and low back pain. There is no documentation of formal physical examination findings. An October 29, 2013 follow up assessment recommended the use of a topical compound containing Cooleeze as well as Gabapentin in a Capsaicin solution for the claimant's low back related complaints. There is no documentation of imaging or other forms of treatment documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cooleeze and Gabapentin 10% in capsaicin solution liquid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL COMPOUNDING MEDICATIONS Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -- California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain Page(s): 111-113.

Decision rationale: Based on Chronic Pain Medical Treatment Guidelines, topical compound would not be indicated. Guidelines indicate that topical compounds are largely experimental

with few randomized clinical trials demonstrating their efficacy and/or benefit. In this specific instance, the use of Capsaicin in the setting of low back complaints would not be indicated. Capsaicin is noted to be supported in the setting of post-herpetic neuralgia and diabetic neuropathy and post-surgical discomfort. The use of Gabapentin per guidelines is also not recommended with no peer literature review to support its use. Without support for all agents in the topical compound, the specific request in this case would not be indicated as medically necessary. Therefore, the request for Cooleeze and Gabapentin 10% in capsaicin solution liquid is not medically necessary or appropriate.