

Case Number:	CM13-0051534		
Date Assigned:	12/27/2013	Date of Injury:	05/07/2007
Decision Date:	04/30/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/14/2013

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 and Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 reported an injury on 5/7/07. The mechanism of injury was a motor vehicle accident. The documentation of 10/2/13 revealed that the patient had tenderness at the right shoulder subacromial space. The patient had a positive Hawkins and impingement sign, and had pain with terminal motion. The patient had tenderness at the lumbar paravertebral muscles with spasm and limited lumbar range of motion. The seated nerve root test was positive. There was dysesthesia at the L5-S1 dermatomes. The diagnoses included status posterior C4-C7 hybrid cervical reconstruction, status post left L5-S1 L&D, and rule out internal derangement of the right shoulder and right elbow. The treatment plan included injections of Toradol and vitamin B-12, as well as medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 10% #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The California MTUS indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Gabapentin is not recommended, as there is no peer-reviewed literature to support its use. There is no evidence for use of any other anti-epilepsy drug as a topical product. The clinical documentation submitted for review indicated the patient had chronic pain. However, there is a lack of documentation that the patient had trialed and failed antidepressants and anticonvulsants. The clinical documentation submitted for review failed to indicate if there were other ingredients with the Gabapentin 10%. Given the above, the request is not medically necessary.

COOLEEZE 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 105, 111. Decision based on Non-MTUS Citation Drugs.com.

Decision rationale: The California MTUS indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The California MTUS guidelines recommend topical salicylates. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Per drugs.com, Hyaluronic acid is a natural substance found in all living organisms and provides volume and fullness to the skin. Cooleeze gel is menthol 3.5%, camphor 0.5%, and capsaicin/hyaluronic acid 0.2% g. The clinical documentation submitted for review failed to indicate that the patient had a trial and failure of antidepressants and anticonvulsants. Additionally, there was a lack of documentation indicating the duration for the use of the medication. There was a lack of a DWC Form RFA or PR2 requesting this medication. Given the above, the request is not medically necessary.