

<b>Case Number:</b>	CM13-0052742		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/30/2010
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of May 30, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; lumbar spine surgery; earlier knee arthroscopy in June 2013; and topical compounds. In a Utilization Review Report of November 7, 2013, the claims administrator denied a request for several topical compounds. The applicant's attorney subsequently appealed. The applicant did undergo a lumbar spine fusion exploration surgery on November 8, 2013 to rule out a wound infection. In a prescription form dated November 1, 2013, the attending provider issued prescriptions for Naprosyn, Zofran, Flexeril, Prilosec, Clozapine, Tramadol, and Levaquin. The note employed preprinted checkboxes and did not furnish any narrative commentary. Multiple other progress notes interspersed throughout 2013 were notable for comments that the applicant was issued various first-line oral pharmaceuticals.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THE DECISION FOR COOLEEZE 120MG #30 FOR LOW BACK:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as Cooleeze, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." The applicant is described as using several first-line oral pharmaceuticals, including Tramadol, Naprosyn, Cyclobenzaprine, etc. effectively obviating the need for the Cooleeze Gel. Therefore, the request is not certified, for all of the stated reasons.

**THE DECISION FOR GABAPENTIN 10% IN CAPSAICIN SOLUTION LIQUID QTY 120MG #30:** Upheld

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

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

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin is not recommended for topical compound formulation purposes. The unfavorable recommendation on the Gabapentin ingredient results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified.