

Case Number:	CM13-0060323		
Date Assigned:	02/24/2014	Date of Injury:	11/29/2012
Decision Date:	06/26/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/03/2013

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 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 injured worker is a 25-year-old male who reported an injury on 11/29/2012 after catching a 25 pound box that was falling off a shelf. The injured worker was conservatively treated with physical therapy and medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker ultimately underwent surgical intervention of the left shoulder on 05/17/2013. This was followed by postoperative physical therapy and medications for pain control. The injured worker was evaluated on 12/06/2013. It was documented that the injured worker had significant improvement post surgically, decreased pain, and increased function. However, the clinical documentation indicated that the injured worker had developed left elbow pain. Evaluation of the elbow revealed tenderness of the elbow olecranon fossa with a positive Tinel's sign, and pain with range of motion. The injured worker's diagnoses included cervical discopathy, status post left shoulder arthroscopy, and cubital tunnel syndrome. The injured worker's treatment plan included a urine drug screen to assess for appropriate medication usage, continued medications, and return to work with restrictions. On 12/04/2013, a request was made for medications to include Naproxen Sodium, Cyclobenzaprine, Sumatriptan Succinate Tablets, Ondansetron, Omeprazole, and Tramadol.

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 120gm, spray 2-3 times daily x 4 refills: Upheld

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

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

Decision rationale: The requested Gabapentin 10% in Capsaicin solution 120 gm spray 2 to 3 times daily time 4 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of Gabapentin as a topical analgesic as there is little scientific evidence to support the safety and efficacy of this type of medication. Additionally, California Medical Treatment Utilization Schedule does not recommend the use of Capsaicin unless all first line medications and treatments have been exhausted. The clinical documentation submitted for review does not provide any evidence that the injured worker has failed to respond to first line medications such as oral antidepressants or oral anticonvulsants. California Medical Treatment Utilization Schedule does not support the use of any medication that contains at least 1 drug or drug class that is not supported by guideline recommendations. As such, the requested Gabapentin 10% in Capsaicin solution 120 gm 2 to 3 times daily times 4 refills is not medically necessary or appropriate.

Cooleeze Gel 120gm, Apply to affected areas 2-3 times a day x 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105.

Decision rationale: The requested Cooleeze gel 120 gm applied to affected areas 2 to 3 times a day times 4 refills is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker does have some residual pain following surgery and has continued complaints of left elbow pain. California Medical Treatment Utilization Schedule does support the use of silica topicals in the management of chronic pain. However, the clinical documentation fails to provide any evidence that the injured worker has previously used this medication. Therefore, 4 refills would not allow for an appropriate trial to determine efficacy and support continued use. Additionally, the request as it is submitted does not specifically identify the affected areas. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Cooleeze gel 120 gm applied to affected areas 2 to 3 times a day times 4 refills is not medically necessary or appropriate.