

Case Number:	CM13-0061867		
Date Assigned:	12/30/2013	Date of Injury:	09/26/2008
Decision Date:	03/24/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 physician 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:

This is a 62 year-old male who was injured on 9/26/08. According to the 10/29/13 report from [REDACTED], the patient presents with pain in the neck and back, both shoulders and the left wrist. He received cardiology clearance and is anticipating a cervical spinal surgery. The diagnoses includes: cervical discopathy; thoracic spine pain referred from the cervical spine; bilateral shoulder internal derangement; s/p left CTR; bilateral CTS per EMG/NCV; and lumbar discopathy. On 11/1/13, the patient underwent anterior cervical discectomy and fusion C4-7. On 11/8/13 UR denies a compound topical containing Gabapentin and Capsaicin, and Cooleeze ment/camp/cap/hyalor acid.

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 Liq QTY: 120 days 30 apply to affected area 2-3 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The patient presents with pain in the neck and back, both shoulders and the left wrist, and just undergoing C4-7 fusion on 11/1/13. I am asked to review for a compounded topical medication that contains Gabapentin that was denied by UR on 11/8/13. In the records provided for IMR, I am not able to find a medical report that recommends or discusses the compounded medication. This was not mentioned on the 11/1/13 operative report from [REDACTED] nor on his 10/29/13, 10/8/13, 10/1/13 reports, or subsequent 11/12/13 or 12/10/13 reports. It was not mentioned on the 11/2/13 pain management report from [REDACTED]. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS also states that topical Gabapentin is not recommended, so any compounded topical medication that contains Gabapentin is not recommended.

Cooleeze ment/camp cap/hyalor acid 3.5%, 0.5% 006% 0.2% QTY: 120 DAYS 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The patient presents with pain in the neck and back, both shoulders and the left wrist, and just undergoing C4-7 fusion on 11/1/13. I am asked to review for a compounded topical medication that contains Gabapentin that was denied by UR on 11/8/13. In the records provided for IMR, I am not able to find a medical report that recommends or discusses the compounded medication. This was not mentioned on the 11/1/13 operative report from [REDACTED], nor on his 10/29/13, 10/8/13, 10/1/13 reports, or subsequent 11/12/13 or 12/10/13 reports. It was not mentioned on the 11/2/13 pain management report from [REDACTED]. MTUS states topical analgesics are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The reporting does not discuss efficacy, or provide a rationale, and does not indicate that antidepressants and anticonvulsants have failed. Based on the available information, the request is not in accordance with MTUS guidelines.