

<b>Case Number:</b>	CM13-0062135		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/25/2005
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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, has a subspecialty in Pediatric Rehabilitation 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 62-year-old male who reported an injury on 05/25/2005. The mechanism of injury was a motor vehicle accident. The documentation of 09/19/2013 revealed the patient had neck pain with stiffness and that the patient's low back pain had not changed significantly. The patient's diagnoses were noted to include status post C3 to C4 ACDF with junctional level pathology and multilevel cervical spondylosis/kyphosis and status post C3-4 removal of hardware with C4 to C7 cervical reconstruction/osteotomy/ACDF with realignment and lumbar discopathy. The request was made for a preauthorization of medication refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Gabapentin 10% in Capsaicin solution (liquid): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, topical and Capsaicin, topical.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Topical Capsaicin, Topical Analgesics Page(s): 113, 28, 111.

**Decision rationale:** The California MTUS indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are

primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Topical Salicylates are recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use... 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. The duration of the medication use could to be established as there was a lack of documentation to support the duration of use. The clinical documentation submitted for review failed to indicate the patient had neuropathic pain and that the patient had trialed and failed antidepressants and anticonvulsants. The request as submitted failed to indicate the components and percentages for the medication, with the exception of Gabapentin 10%. Capsaicin is not recommended for formulation over 0.025%. The quantity of medication being requested was not submitted. There was a lack of documentation indicating the necessity for 2 medications with Capsaicin. Given the above, the request for 1 prescription for Gabapentin 10% in Capsaicin solution liq. (through [REDACTED] [REDACTED]) between 10/29/2013 and 12/20/2013 is not medically necessary.

**1 prescription for COOLEZE menth/camp cap/hyalor acid:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics and Topical Salicylates. Page(s): 111,105.

**Decision rationale:** California MTUS indicates 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. 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. Additionally it indicates that Topical Salicylates are approved for chronic pain. Per drugs.com "Hyaluronic acid is a natural substance found in all living organisms and provides volume and fullness to the skin." The duration of the medication use could to be established as there was a lack of documentation to support the duration of use. The clinical documentation submitted for review failed to indicate the patient had neuropathic pain and failed to indicate the patient had trialed and failed antidepressants and anticonvulsants. Additionally, there was lack of documentation indicating a necessity for 2 forms of Capsaicin. There was a lack of documentation of the exact components for Cooleze. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for 1 prescription of Cooleze menth/camp cap/hyalor acid (through [REDACTED] [REDACTED]) between 10/29/2013 and 12/20/2013 is not medically necessary.