

Case Number:	CM13-0065993		
Date Assigned:	01/03/2014	Date of Injury:	02/22/2013
Decision Date:	06/04/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/13/2013

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 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 patient is a 58 year old male who was injured on 02/22/2013. He sustained an injury when a heavy metal gate fell and pushed him to the ground. The patient sustained a lumbar vertebral fracture from the injury. Prior treatment history has included Norco, work restrictions, home exercise and physical therapy. An orthopedic re-evaluation note dated 12/12/2013 states the patient has persistent pain of the low back with occasional pain that radiates to the lower extremities with numbness and tingling. He is currently working with modified duty work and he can perform this type of work. Examination of the lumbar spine reveals tenderness from the mid to distal lumbar segments. There is pain with terminal motion. Seated nerve root test is positive. There is dysesthesia at the L5 and S1 dermatomes. The patient is diagnosed with status post L4 vertebral wedge compression fracture with lumbar spondylosis. A PR2 dated 11/04/2013 indicates the patient feels better since the last visit. He is able to lift up to 35 pounds. He has slight pain in the back on and off -3/10 that is aggravated with bending early in the morning, lifting but has not required pain medication. Objective findings on exam revealed no gross deformity or atrophy of the lumbar spine. There is tenderness at L5-S1 paraspinals, L4 and L5 vertebrae; range of motion is limited exhibiting flexion to 70 degrees; extension to 10 degrees; and rotation right/left 10/20. Motor exam is 5/5 bilateral extremities. The patient is diagnosed with FX vertebra, lumbar. The treatment rendered includes continue current medications, continue home exercise and is released to return to modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN, 10%, IN CAPSAICIN 120ML: 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: As per the MTUS Chronic Pain Guidelines, topical Gabapentin is not recommended. There is no peer-reviewed literature to support use. The MTUS Chronic Pain Guidelines further indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the request for Gabapentin 10%, in capsaicin 120ML is not medically necessary and appropriate.

COOLEEZE (MENTHOL, CAMPHOR, CAPSAICIN, HYALURONIC ACID), 120GM,:
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: As per the MTUS Chronic Pain Guidelines, 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 medical records submitted for review did not indicate that the patient has tried and failed first-line agents. The MTUS Chronic Pain Guidelines indicate that topical Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The MTUS Chronic Pain Guidelines also indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the request for Cooleeze (menthol, camphor, capsaicin, hyaluronic acid), 120GM is not medically necessary and appropriate.