

Case Number:	CM13-0067077		
Date Assigned:	01/03/2014	Date of Injury:	05/06/2009
Decision Date:	05/20/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/17/2013

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 and 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 injured worker is a 70-year-old female who reported an injury on 05/06/2009. The mechanism of injury was not stated. Current diagnoses include cervical/lumbar spondylosis, right shoulder impingement/rotator cuff tear, bilateral carpal tunnel syndrome, and internal derangement of the right knee with evidence of medial and lateral meniscal tears. A request for authorization was submitted on 11/25/2013 for a gabapentin 10% Capsaicin solution and [REDACTED] topical spray. However, there was no physician progress report submitted on the requesting date. The only physician progress report submitted for this review is documented on 11/08/2012. The injured worker reported persistent neck pain as well as right shoulder, lumbar spine, and bilateral knee pain. Physical examination revealed tenderness to palpation with spasm of the cervical spine, positive Spurling's maneuver, positive axial loading compression maneuver, limited cervical range of motion, tenderness to palpation of the right shoulder with positive impingement testing and limited range of motion, tenderness to palpation of the lumbar spine with positive straight leg raising, and tenderness to palpation of bilateral knees with positive McMurray's testing. Treatment recommendations at that time included a course of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 10% IN A CAPSAICIN SOLUTION 120ML: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Gabapentin is not recommended, as there is no evidence for the use of any antiepilepsy medication as a topical product. There is also no frequency listed in the current request. Therefore, the request for Gabapentin is not medically necessary.

██████████ (MENTHOL/CAMPHOR/ HYALURONIC ACID) 120ML SPRAY: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is no frequency listed in the current request. There is also no physician progress report submitted on the requesting date. Therefore, the request for Coolfreeze is not medically necessary.