

Case Number:	CM13-0067090		
Date Assigned:	06/09/2014	Date of Injury:	03/09/2012
Decision Date:	08/15/2014	UR Denial Date:	12/12/2013
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 Occupational Medicine 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 applicant has filed a claim for chronic foot pain reportedly associated with an industrial injury of March 9, 2012. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; topical compound; transfer of care to and from various providers in various specialties; Synvisc injection; and work restrictions. In a Utilization Review Report dated December 12, 2013, the claims administrator denied a request for several topical compounded drugs. The applicant's attorney subsequently appealed. A February 12, 2014 progress note is notable for comments that the applicant had persistent complaints of knee and leg pain, exacerbated by standing, walking, and negotiating stairs. The applicant stated that the Synvisc injection was not effective. Work restrictions were again endorsed. The applicant's medication list was not attached. In a prescription form dated January 7, 2014, the attending provider refilled prescriptions for oral Naprosyn, Flexeril, and Zofran, without attaching any clinical information or progress notes. Similarly, in a December 9, 2013 request for authorization form/prescription form, the attending provider furnished the applicant with several topical compounded drugs.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 GM COOLEEZE (MENT/CAMP CAP/HYALOR ACID 3.5% 0.5% .006% 0.2% G NDC # 5197170500 WITH 4 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The Cooleeze Gel was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Naprosyn and Flexeril, effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical drug such as the compound in question. Therefore, the request is not medically necessary.

120 GM GABAPENTIN 10% IN CAPSAICIN SOLUTION LIQ NCD #38779246100 WITH 4 REFILLS: 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 Page(s): 111-113.

Decision rationale: The proposed Gabapentin-Capsaicin solution is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin, the primary ingredient in the compound in question, is not recommended for topical compound formulation purposes. Since the one or more ingredients in the compound is not recommended, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.