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| Case Number: | CM13-0067144 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 10/14/2005 |
| Decision Date: | 07/17/2014 | UR Denial Date: | 11/07/2013 |
| 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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 injured worker is a 59-year-old male who reported an injury on 02/24/2006. The mechanism of injury was not stated. The current diagnosis is generalized pain. A Request for Authorization was submitted on 10/25/2013 for gabapentin 10% in capsaicin solution. However, there was no Physician's Progress Report submitted on the requesting date. The only clinical documentation submitted for review is a Primary Treating Physician's Request for Authorization dated 01/03/2014. A Request for Authorization was made for naproxen tablets, cyclobenzaprine tablets, ondansetron tablets, omeprazole capsules, tramadol ER and Terocin patches.

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: Upheld

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

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

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

compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Gabapentin is not recommended, as there is no peer-reviewed literature to support the use of any antiepilepsy drug as a topical product. Therefore, the current request cannot be determined as medically appropriate. There was also no frequency or quantity listed in the current request. As such, the request is not medically necessary and appropriate.

COOLEEZE 120GM: Upheld

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

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. There is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There was no physician progress reports submitted for this review. There is no evidence of this injured worker's active utilization of this medication. There is also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.