

Case Number:	CM13-0070150		
Date Assigned:	01/03/2014	Date of Injury:	06/13/2012
Decision Date:	06/04/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/24/2013

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 Interventional Spine 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:

This is a 57 year-old female who was injured on 6/13/12. The IMR application shows a dispute with the 12/11/13 UR decision on compound with gabapentin and capsaicin; and Cooleeze. The 12/11/13 UR letter from [REDACTED] states that [REDACTED] requested the items on 12/4/13, but in the 321 pages of records provided for this IMR, there is no 12/4/13 report available. The most recent evaluation by [REDACTED] provided for review appears to be 9/18/13, and the patient was diagnosed as status post L4 to S1 posterior lumbar interbody fusion with retained symptomatic lumbar spine hardware. She had lumbar tenderness but no neurological deficits in the lower extremities.

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 LIQUID, #120 DAYS: Upheld

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

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

Decision rationale: The patient presents with low back pain from symptomatic retained hardware from a 2-level PLIF L4-S1. The medical report that contains discussion about the

requested medication was not available for this IMR. MTUS gives a general statement about compounded products stating that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compound contains gabapentin. MTUS specifically states that topical gabapentin is not recommended, therefore the whole compounded topical that contains gabapentin is not recommended.

COOLEEZE APPLY TO AFFECTED AREA 2-3DAY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation LC4610.5(2), Strength of Evidence Hierarchy, Medical Necessity Section, Expert Opinion, Generally Accepted Standards Of Medical Practice, as well as the Cooleeze vendor website.

Decision rationale: According to the Cooleeze vendor website, this is not a medical product. It is a cooling pad that cools by evaporation. It is not a medical product and is not claimed to treat any medical condition. It does not appear to get as cold as an ice pack, that would have therapeutic value as cryotherapy. There is no reference to such a product in MTUS/ACOEM topics, MTUS/Chronic Pain Guidelines, or ODG-TWC guidelines related to the non-medical product Cooleeze. According to LC4610.5(2) "Medically necessary" and "medical necessity" mean medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury and based on the following standards, which shall be applied in the order listed, allowing reliance on a lower ranked standard only if every higher ranked standard is inapplicable to the employee's medical condition: (A) The guidelines adopted by the administrative director pursuant to Section 5307.27.; (B) Peer-reviewed scientific and medical evidence regarding the effectiveness of the disputed service.; (C) Nationally recognized professional standards.; (D) Expert opinion.; (E) Generally accepted standards of medical practice.; (F) Treatments that are likely to provide a benefit to a patient for conditions for which other treatments are not clinically efficacious. In this case, the highest ranked standard is likely (D) Expert opinion or (E) generally accepted standards of medical practice. The use of a non-medical product to treat a medical condition is not in accordance with the generally accepted standards of medical practice. Therefore, this product cannot be considered medically necessary.