

Case Number:	CM14-0003782		
Date Assigned:	02/03/2014	Date of Injury:	11/25/2009
Decision Date:	06/20/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/10/2014

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, has a subspecialty in Sports Medicine, and is licensed to practice in New York 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 42-year-old female who reported a repetitive strain injury on 11/25/09. Current diagnoses include cervical discopathy, cubital tunnel/double crush, status post right carpal tunnel release (X2) and status post left carpal tunnel release. The latest Physician's Progress Report submitted for this review was documented on 10/16/13. The injured worker reported persistent neck pain with radiation into bilateral upper extremities. Physical examination revealed tenderness of the cervical paravertebral muscles, spasm, positive axial loading compression testing, positive Spurling's maneuver, painful and restricted range of motion of the cervical spine, dysesthesia at the C6 and C7 dermatomes, and a well healed incision in the bilateral palmar creases. Treatment recommendations at that time included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: COOLEEZE (MENTH/ CAMP CAP/ HYALAR ACID 3.5/ 0.5/ .006/ 0.2%); 120GMS WITH 4 REFILLS, 12/23/13: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 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. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There is also no frequency listed in the current request. As such, the request is not medically necessary.

RETRO: GABAPENTIN 10% IN CAPSAICIN SOLUTION, 120GMS WITH 4 REFILLS; 12/23/13: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 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. Gabapentin is not recommended as there is no evidence for the use of any antiepilepsy medication as a topical product. Guidelines state that if one drug or drug class in a compounded medication is not recommended, the entire medication cannot be recommended. As such, the request is not medically necessary.