

Case Number:	CM14-0004472		
Date Assigned:	02/05/2014	Date of Injury:	05/30/2013
Decision Date:	06/30/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/13/2014

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 Anesthesiology has a subspecialty in Pain Management 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 patient is a 59-year-old male who has submitted a claim for Lumbar Spinal Stenosis associated with an industrial injury date of May 30, 2013. Medical records from 2013 were reviewed showing that patient complains of low back pain aggravated by activity. On physical exam there was lumbar tenderness and decreased sensation at L5-S1. MRI of the lumbar spine revealed spinal stenosis L3-4, L4-5, L5-S1. Treatment to date has included activity modification, TENS, pain medications and muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

COOLEEZE (MENTH/CAMP CAP/HYALAR ACID GEL 3.5 %, 5%, 0.006%, 0.2%)
#120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

Decision rationale: Pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized

controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many these agents. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter issued an FDA safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where menthol, methyl salicylate, or capsaicin were applied. The guidelines do not address camphor and Hyalar Acid Gel. The guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for Cooleeze (Menth/Camp Cap/Hyalar Acid Gel 3.5 %, 5%, 0.006%, 0.2%) is not medically necessary.

GABAPENTIN 10% CAPSAICIN #120: Upheld

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

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

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113 topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Gabapentin is an anticonvulsant, however its use as a topical analgesic is not recommended. Page 28-29 states that topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Gabapentin 10% Capsaicin #120 is not medically necessary. .