

Case Number:	CM14-0016573		
Date Assigned:	04/11/2014	Date of Injury:	07/22/2008
Decision Date:	05/29/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/10/2014

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 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:

The patient is a 46 year-old female with a 7/22/08 industrial injury claim. She has been diagnosed with status post C5-6 anterior cervical discectomy and fusion on 5/13/11, status post L4-5 post lumbar interbody fusion on 5/11/12, and retained symptomatic lumbar spinal hardware. According to the 1/21/14 orthopedic report from [REDACTED], the patient is seen for preoperative evaluation, anticipating lumbar hardware removal. She presents with continued symptoms in the low back. She was given a toradol injection, and an injection of vitamin B12.

IMR ISSUES, DECISIONS AND RATIONALES

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

COOLEEZE, QTY 120 WITH 4 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cooleeze.com/information.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cooleeze website.

Decision rationale: The patient presents with low back pain from retained hardware and is anticipating hardware removal. The primary treating provider requested Cooleeze. The Cooleeze vendor website states that Cooleeze is not a medical product. It is a cooling product, but does so

through evaporation; it is not a cryotherapy device. The MTUS/ACOEM and Official Disability Guidelines do not discuss Cooleeze, and since it is not a medical product, it is not generally accepted by standards of medical practice. As such, it is not medically necessary.

GABAPENTIN, QTY 120 WITH 4 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: The patient presents with low back pain from retained hardware from an L4-5 posterior fusion. According to the 1/23/14 check box template letter from [REDACTED], Gabapentin was prescribed for temporary relief of pain associated with nerve pain. The 1/21/14 medical report from [REDACTED] did not discuss any medications. There is a medical report from [REDACTED] dated 12/17/14 which did not discuss medications. Medical reports were reviewed back through 3/5/13; none of the reports from [REDACTED] discuss medications or efficacy of medications. MTUS guidelines for Gabapentin state that, after initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The MTUS requires at least a 30% reduction in pain to continue use of Gabapentin. The MTUS reporting requirements have not been met, and there is no indication that Gabapentin has provided at least the 30% reduction in pain. The continued use of Gabapentin without documented efficacy is not in accordance with MTUS guidelines. As such, the request is not medically necessary.