

Case Number:	CM14-0020195		
Date Assigned:	04/25/2014	Date of Injury:	01/31/2012
Decision Date:	07/07/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/18/2014

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 Orthopedic Surgery and is licensed to practice in 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 67 year-old female who is reported to have sustained work related injuries on 01/31/12. It is reported that the injured worker felt a pop in the left shoulder while lifting a stack of seven or eight trays. The pain is reported to have travelled into the neck. She currently complains of neck, bilateral shoulder, and low back pain. She reports numbness in the bilateral hands and altered sensation in the bilater lower extremities. She has been treated with oral medications, work restrictions, and physical therapy. The record includes incomplete electrodiagnostic studies dated 12/27/13. The report indicates a mild right entrapment neuropathy at wrist with normal findings on the left. The records indicate the injured worker has largely been maintained on oral medications. No current physical examinations were submitted for review. A previous utilization review determination dated 02/05/14 denied the request for Cooleez Gel and a compounded Gabapentin 10%.

IMR ISSUES, DECISIONS AND RATIONALES

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

COOLEEZ GEL (MENTHOL 3.5%/ CAMPHOR 0.5%/ CAPSACIN .006%/ HYALORONIC ACID 0.2%) #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Per California Medical Treatment Utilization Schedule, there is little data to establish that topical analgesics are effective in treatment of chronic pain. The records provide no data to quantify the injured workers response. As such, the medical necessity for this topical analgesic has not been established.

GABAPENTIN 10% IN CAPSAICIN SOLUTION, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: The California Medical Treatment Utilization Schedule does not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains: Gabapentin which has not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended and therefore not medically necessary.