MAXIMUS Federal Services

Case Number:	CM14-0023208		
Date Assigned:	05/14/2014	Date of Injury:	11/29/2012
Decision Date:	07/10/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/24/2014

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 Occupational Medicine 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 applicant has filed a claim for chronic neck and shoulder pain reportedly associated with industrial injury of November 29, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier shoulder surgery in May 2013, and topical compounds. In a Utilization Review Report dated February 10, 2014, the claims administrator denied a request for a parenting-containing topical compound as well as a CoolEze gel. The applicant's attorney subsequently appealed. In an earlier note of August 28, 2013, the applicants was described as reporting persistent neck pain, shoulder pain, and elbow pain following cubital tunnel release surgery and earlier shoulder arthroscopy. The applicant was placed off of work, on total temporary disability. Additional physical therapy was sought. In a September 25, 2013 prescription form, the attending provider issued prescriptions for Naprosyn, Flexeril, and omeprazole through usage of preprinted check-boxes without furnishing any narrative commentary. It appears that the gabapentin containing gel and the CoolEze gel, which included menthol, camphor, capsaicin, hyaluronic acid, were prescribed. Again, no narrative commentary was provided. No rationale, narrative, or commentary accompanied the request for authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 10 PERCENT #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 113.

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

Decision rationale: No, the request for the gabapentin-containing gel is not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, one of the ingredients in the gel, is not recommended for topical formulation purposes. This results in the entire gel's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's seemingly successful usage of multiple first-line oral pharmaceuticals, including tramadol, Flexeril, Naprosyn, etc. effectively obviates the need for the largely experimental gabapentin containing compound. Therefore, the request is not medically necessary.

COOLEEZE #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 28; 111.

Decision rationale: The proposed CoolEze gel is likewise not medically necessary, medically appropriate, or indicated here. One of the ingredients in the gel is capsaicin. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin is considered a last-line agent, recommended only in those applicants who have not responded to and/or are intolerant of other treatments. In this case, however, there is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals. The applicant is reportedly using medications such as oral Naprosyn, Flexeril, tramadol, etc. without any reported difficulty, effectively obviating the need for the capsaicin-containing compound. Since the capsaicin ingredient in the compound carries an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.