

Case Number:	CM14-0030703		
Date Assigned:	06/20/2014	Date of Injury:	09/26/2008
Decision Date:	07/25/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/10/2014

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 Orthopedic Surgery, 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 claimant is a 62-year-old gentleman who injured his low back and cervical spine on 09/16/08. The medical records for review include an 11/01/13 operative report documenting that the claimant underwent a three level C4 through C7 anterocervical discectomy and fusion. The 09/26/13 progress report prior to surgery documented prescriptions for continued use of topical compounds the first containing Capsaicin and Gabapentin and the second containing Menthol, Camphor, Capsaicin and Hyaluronic acid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cooleeze menth/camp cap/ hyalor acid 3.5% 0.5% .006% 0.2% G quantity 120: Upheld

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

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

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the prescription for the topical compound containing Menthol, Camphor, Capsaicin and Hyaluronic acid cannot be recommended as medically necessary. The Chronic Pain Guidelines only recommend Capsaicin for neuropathic pain that has failed conservative first line treatment. There is currently no

medical indication to support the use of Menthol, Camphor or Hyaluronic acid. The Chronic Pain Guidelines also state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The specific request for this compound that contains agents that are not supported by Chronic Pain Guidelines would not be indicated.

Gabapentin 10% in Capsaicin solution Liq quantity 120: Upheld

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

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

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines also would not support the topical compound containing Gabapentin and Capsaicin. Capsaicin, as sited above, is only recommended for treatment of neuropathic pain after first line agents orally have failed. In regards to the use of Gabapentin, the Chronic Pain Guidelines recommend that there is currently no indication for its use in the topical setting. The Chronic Pain Guidelines also state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The request for this agent containing Gabapentin would not be indicated.