

Case Number:	CM14-0032104		
Date Assigned:	06/20/2014	Date of Injury:	01/16/2013
Decision Date:	07/21/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/13/2014

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 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 is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 16, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In Utilization Review Report dated February 20, 2014, the claims administrator denied a request for several topical compounded drugs, citing both MTUS and non-MTUS Guidelines despite the fact that the MTUS addressed the topic. In a February 6, 2014 progress note, the applicant reported persistent low back pain and right upper extremity pain. The applicant was placed off of work, on total temporary disability. MRI Imaging of thoracic spine was ordered. The applicant was asked to consider epidural steroid injection therapy. There was no mention of the applicant's medication profile on the provided progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10 percent in capsaicin solution liquid #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113. Decision based on Non-MTUS Citation ODG Guidelines Pain, Compounded Drugs, Criteria for Compound drugs.

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the principal ingredient in the compound, is specifically not recommended for topical compound formulation purposes. Since one or more ingredients in the compound carry unfavorable recommendations, 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, medically appropriate and indicated here.

Cooleeze (menth/camp cap/hyalor acid 3.5 percent 0.5 percent .006 percent 0.2 percent)

#120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals so as to justify usage of page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compound such as the Cooleeze gel proposed here. As noted previously, the attending provided did not incorporate any discussion of medication selection or medication efficacy into his choice of recommendations. No mention of Cooleeze gel in question was made on the progress note in question. Therefore, the request is not medically necessary.