

Case Number:	CM14-0035328		
Date Assigned:	06/23/2014	Date of Injury:	02/01/2010
Decision Date:	08/25/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/21/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 31-year-old female was reportedly injured on February 1, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated January 21, 2014, indicated that there were ongoing complaints of neck pain and bilateral wrist pain. There were complaints of residual numbness in the right wrist and hand. The physical examination demonstrated tenderness along the cervical spine paravertebral muscles and trapezial muscles with spasms. The physical examination of the shoulders noted tenderness of the subacromial space and the acromioclavicular joint. There was a positive Hawkins and impingement sign. Examination of the wrists noted a well-healed carpal tunnel release scar on the right side. There was a positive Tinel's sign at Guyons canal and dysesthesia of the ulnar digits. The examination of the lumbar spine showed tenderness over the lumbar segments with spasms. There was decreased sensation at the right sided L5 and S1 dermatomes. Diagnostic imaging studies were not reviewed during this visit. A request had been made for gabapentin/capsaicin and gab/lid/aloe/cap/men/cam and was not certified in the pre-authorization process on March 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Capsaicin (Patch) 10 % 0.025% Gel, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 of 127 .

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, or capsaicin. There was no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients, particularly gabapentin, have any efficacy. For this reason, this request for gabapentin/capsaicin is not medically necessary.

Gab/Lid/Aloe/Cap/Men/Cam (Patch) 10%. 5 %. 0.25%10%5% gel, # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 of 127 .

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, or capsaicin. There was no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason, this request for gab/lid/aloe/cap/men/cam (patch) is not medically necessary.