

Case Number:	CM14-0041817		
Date Assigned:	06/30/2014	Date of Injury:	09/07/2010
Decision Date:	08/21/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/07/2014

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 patient is a 48-year-old female who has submitted a claim for lumbar discopathy, bilateral shoulder impingement syndrome, bilateral carpal tunnel syndrome, cervical discopathy, associated with an industrial injury date of September 7, 2010. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 02/26/2014, showed persistent neck pain that was aggravated by repetitive motions of the neck and working at or above the shoulder level. There was wrist, shoulder, and back pain. Physical examination revealed tenderness of the cervical paravertebral muscle and upper trapezial muscles with spasms noted. Axial loading compression test and Spurling maneuver were positive. There was painful restricted cervical range of motion. There was dysesthesia at the C5-C6 dermatome. There was tenderness from the mid to distal lumbar segments. There was pain with terminal motion. Seated nerve root test was positive. There was dysesthesia at the L5-S1 dermatome. There was tenderness at the subacromial space and acromioclavicular joint. There was positive Hawkin's and impingement sign. There was pain with terminal motion with limited range of motion and weakness of rotator cuff function. There was positive palmar compression test bilaterally. There was reproducible symptomatology in the median nerve distribution. Treatment to date has included oral medications only. Utilization review from 03/18/2014 denied the request for the purchase of gabapentin 10%/capsaicin 0.075% and Cooleeze Gel Menthol 3.5%/Camphor 5%/Capsaicin 0.008% because these were largely experimental in use with few randomized controlled trials to determine its efficacy or safety. Capsaicin was recommended only as an option in patients who have not responded or are intolerant to other treatments. There was no peer-reviewed literature to support use of Gabapentin in topical form. There were no documented failed trials of first-line recommendations of oral antidepressants and anticonvulsants. There was no indication that the claimant was intolerant or unresponsive to all other treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%/Capsaicin 0.075%: 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, pages 111-113; Capsaicin, topical Page(s): 28.

Decision rationale: Pages 111-113 in the CA MTUS Chronic Pain Medical Treatment Guidelines do not support the use of gabapentin in a topical formulation. CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. In this case, compounded products were prescribed as adjuvant therapy for oral medications. However, certain component of this compound, i.e., Gabapentin is not recommended for topical use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Moreover the frequency of usage and quantity to be dispensed were not specified. Therefore, the request for Gabapentin 10%/Capsaicin 0.075% is not medically necessary.

Cooleeze Gel Menthol 3.5%//Camphor 5%/Capsaicin .008: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Salicylates.

Decision rationale: Page 28 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. The guidelines do not address camphor. In this case, compounded products were prescribed as adjuvant therapy for oral medications. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, there was no evidence of intolerance to oral medications. Moreover, the frequency of usage and quantity to be dispensed were not specified. Therefore, the request for Cooleeze Gel Menthol 3.5%//Camphor 5%/Capsaicin .008 is not medically necessary.

