

Case Number:	CM14-0048458		
Date Assigned:	09/12/2014	Date of Injury:	09/27/2013
Decision Date:	12/12/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/16/2014

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, has a subspecialty in Interventional Spine 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 53-year-old male with a date of injury of 09/27/2013. The listed diagnoses per [REDACTED] are: 1. Cervicothoracic discopathy. 2. Lumbar discopathy. According to progress report 01/29/2014, the patient presents with persistent pain of the low back and midback that is aggravated with bending, lifting, twisting, pushing, pulling, sitting, standing, and walking. He also complains of neck and shoulder pain. Examination of the thoracic spine revealed tenderness in the thoracic and lumbar paraspinal muscle with spasms. There is pain with terminal rotation and seated nerve root test is positive. Report 03/05/2014 indicates the patient has constant low back pain with radiation to the lower extremity. Examination revealed tenderness at trapezius and thoracic and lumbar spine spasm. There is positive straight leg raise and decreased range of motion. The provider is requesting topical compound creams. Utilization review denied the request on 03/19/2014. Treatment reports from 11/20/2013 through 03/05/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Gabapentin 10% in Capsaicin Solution Liquid #120: Upheld

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

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

Decision rationale: This patient presents with constant low back pain with radiation into the lower extremities. The provider is requesting gabapentin 10% and capsaicin solution liquid. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Per MTUS, Gabapentin is not recommended in any topical formulation; therefore the entire compound cream cannot be supported. Therefore, this request is not medically necessary.

Coofeeze (Menth/Camp Cap/Hyalor Acid 3.5 %,0.5%,.006%#120): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

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

Decision rationale: This patient presents with constant low back pain with radiation into the lower extremity. The provider is requesting Coofeeze (menth/camp cap/hyalur acid 3.5%, 0.5%, 0.006%, #120). The ACOEM and MTUS guidelines do not specifically discuss "Coofeeze." The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." The MTUS Guidelines allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines consider doses that are higher than 0.025% to be experimental particularly at high doses. The medical file states that Coofeeze contains 0.5% of capsaicin, which is not supported by MTUS. Therefore, the entire compound cream is not recommended. Therefore, this request is not medically necessary.