MAXIMUS Federal Services

Case Number:	CM14-0083980		
Date Assigned:	07/21/2014	Date of Injury:	12/08/2011
Decision Date:	08/26/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/05/2014

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 & Rehabilitation; Pain Medicine and is licensed to practice in Ohio and Texas. 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 injured worker is a 39-year-old male who reported an injury on 12/08/2011. The mechanism of injury was not provided in the medical records. His diagnosis was listed as cervicalgia. His past treatments included physical therapy, oral medications, and topical analgesics. On 02/07/2014, the injured worker presented with complaints of pain in the left shoulder, cervical spine, right shoulder, lumbar spine, and bilateral ankles. His physical examination revealed tenderness to palpation of the cervical paravertebral muscles, decreased range of motion of the bilateral shoulders, weakness of the left shoulder, positive impingement signs in the right shoulder, tenderness to palpation over the lumbar paravertebral muscles, and tenderness to palpation of the bilateral ankle and Achilles tendon regions. The injured worker's medications were noted to include naproxen, omeprazole, ondansetron, cyclobenzaprine, tramadol, and Terocin patches per 03/12/2014 Request for Authorization form. The treatment plan at his 02/07/2014 visit included postoperative physical therapy, continued home exercise program, and continued medications. A request was received for topical compounded products, including Cooleeze gel and a compound containing Gabapentin, Lidocaine, Aloe, Capsaicin, Menthol, and Camphor. However, a clear rationale for these compounds and Request for Authorization form was not provided in the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gab/Lid/Aloe/Cap/Men/Cam Patch 120 gm Date of Service 5/6/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence of efficacy and safety and are primarily recommended to treat neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate that many agents are compounded as monotherapy or in combination for pain control but there is little no research to support the use of many of these agents. The guidelines also state that any compounded product that contains at least 1 drug that is not recommended is not recommended. In regard to topical gabapentin, the guidelines state that there is no peer reviewed literature to support use of topical gabapentin. In regard to the capsaicin, the guidelines state that topical capsaicin is only supported when the injured worker has been unresponsive or intolerant to other treatments. In regard to lidocaine, the guidelines state that lidocaine is only recommended in the formulation of a Lidoderm patch to treat neuropathic pain. The clinical information submitted for review failed to provide documentation showing the failure of initially recommended anticonvulsants and antidepressants. In addition, there was no documentation indicating that they were intolerant or nonresponsive to oral medications to warrant the use of topical capsaicin. Additionally, topical lidocaine cream and gabapentin are not supported by the guidelines. As the topical compound requested contains gabapentin, lidocaine, and capsaicin which are not supported at this time, the topical compounded product is also not supported. As such, the request is not medically necessary.

Cooleeze Gel 120 gm Date of Service 5/6/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested compound is not medically necessary. According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence of efficacy and safety and are primarily recommended to treat neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate that many agents are compounded as monotherapy or in combination for pain control but there is little no research to support the use of many of these agents. The guidelines also state that any compounded product that contains at least 1 drug that is not recommended is not recommended. The clinical information submitted for review failed to provide documentation to coincide with the date of service of 05/06/2014. Therefore, the injured worker's clinical status and need for the requested agent is unclear. In addition, the specific ingredients contained in the requested Cooleeze gel were not specified. Further, the request failed to indicate a frequency of use. For the above noted reasons, the requested topical compounded product is not supported by the evidence-based guidelines. As such, the request is not medically necessary.