

Case Number:	CM14-0201481		
Date Assigned:	12/11/2014	Date of Injury:	11/02/2011
Decision Date:	01/30/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, has a subspecialty in Pain 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 injured worker is a 53-year-old male with an original date of injury of November 2, 2011. The injured body regions include the knees, lumbar spine, elbows, and wrists. Conservative care to date has included physical therapy, pain medications, right knee surgery, left elbow surgery, and activity restriction. The disputed requests are for two different compounded topical formulations. The utilization review on date of service November 19, 2014 had denied both these medications. Regarding the first compounded medication, the medical documents provided no evidence of an intolerance to oral medications that would justify the use of topical capsaicin according to the reviewer. Regarding the second formulation, guidelines state that topical gabapentin is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication refill: Cooleeze (Menth/Camp Cap/Hyalor Acid #120mg): Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines specify that if one drug or drug class of a compounded formulation is not recommended, then the entire formulation is not recommended. The Hyaluronic Acid component of this formulation has no evidenced based studies to support its use and is not supported by the Chronic Pain Medical Treatment Guidelines, ACOEM, or Official Disability Guidelines. Therefore, this entire compounded formulation is not medically necessary.

Compound medication refill: Gabapentin in Capsaicin solution #120gm: Upheld

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

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

Decision rationale: On page 113 of the Chronic Pain Medical Treatment Guidelines, the following is stated: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The guidelines further state that if one drug or drug class of a compounded formulation is not recommended, then the entire compounded formulation is not recommended. Therefore, topical gabapentin is recommended as not medically necessary. The Chronic Pain Medical Treatment Guidelines further specify that if one drug or drug class of a compounded formulation is not recommended, then the entire formulation is not recommended. Therefore, this entire compounded formulation is not medically necessary.