

Case Number:	CM14-0062727		
Date Assigned:	07/11/2014	Date of Injury:	07/22/2008
Decision Date:	05/05/2015	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47-year-old female, who sustained an industrial injury on 7/22/08. She has reported neck and back pain with injury at work. The diagnoses have included lumbago and cervicalgia. Treatment to date has included medications, surgery, pain management, physical therapy, acupuncture, and Home Exercise Program (HEP). The Magnetic Resonance Imaging (MRI) of the lumbar spine was done on 1/29/15. The (NCV) Nerve Conduction Velocity studies and (EMG) electromyography was done on 3/13/15. Currently, as per the physician progress note dated 12/9/14, the injured worker complains of constant pain in the cervical spine and low back. The neck pain radiates to bilateral upper extremities with tension between shoulders and migraine headaches. The back pain radiates to the bilateral lower extremities and it is worsening. The pain was rated 7/10 on pain scale. The physical exam of the cervical spine revealed tenderness with spasm, positive axial loading compression test, positive Spurling maneuver, and limited range of motion with pain. The lumbar exam revealed tenderness, spasm, positive seated nerve root test, range of motion guarded and restricted and numbness and tingling in posterior leg and lateral foot. The physician noted that the medications help the injured worker to perform her activities of daily living (ADL's) and continue working. The current medications were not noted. The physician requested treatments included Cooleeze and Gabapentin 10% in capsaicin solution liquid quantity 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cooleeze: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Cooleeze, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Within the documentation available for review, none of the abovementioned criteria have been documented. Given all of the above, the requested Cooleeze is not medically necessary.

Gabapentin 10% in capsaicin solution liquid Quantity 120.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for gabapentin/capsaicin, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Gabapentin is not supported by the CA MTUS for topical use. Within the documentation available for review, none of the above-mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested gabapentin/capsaicin is not medically necessary.