

Case Number:	CM14-0027570		
Date Assigned:	06/25/2014	Date of Injury:	08/18/2009
Decision Date:	09/05/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/04/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 18, 2009. Thus far, the applicant has been treated with analgesic medications; attorney representation; earlier lumbar fusion surgery; and topical compounded medications. In a Utilization Review Report dated August 18, 2009, the claims administrator denied a request for several topical compounded drugs. The applicant's attorney subsequently appealed. In a medical-legal evaluation of January 31, 2013, the applicant was using a variety of oral medications for various purposes, including Pravachol, Metformin, Aspirin, Motrin, and Tylenol with Codeine. The applicant had not worked since October 2010. On February 4, 2014, the applicant was given a shot of injectable Toradol and a trial of injectable vitamin B12. The applicant presented with persistent complaints of low back pain radiating to the bilateral lower extremities. The attending provider stated that he was refilling unspecified pharmaceutical agents under separate cover. There was no discussion of medication efficacy on the progress note in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cooloze (ment/cam cap/hylor acid 3.5%, .006%, 0.2% G, QTY 120): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Page(s): 111.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant seeming usage of oral pharmaceuticals which included medication such as Motrin and Tylenol with Codeine effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical analgesic such as the Cooleze compound in question. Therefore, the request was not medically necessary.

Gabapentin 10% in Capaicin Solution Liquid, QTY 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Page(s): 111.

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin, the primary ingredient in the compound in question, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.