

Case Number:	CM13-0060298		
Date Assigned:	12/30/2013	Date of Injury:	07/01/2013
Decision Date:	09/10/2015	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/03/2013

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 53-year-old who has filed a claim for neck and back pain reportedly associated with an industrial injury of July 1, 2013. In a Utilization Review report dated November 19, 2013, the claims administrator failed to approve requests for topical gabapentin containing agent and Cooleze gel. The claims administrator referenced a November 13, 2013 RFA form in its determination. The applicant's attorney subsequently appealed. On November 6, 2013, the applicant reported ongoing complaints of neck and low back pain reportedly imputed the cumulative trauma at work. The office visit in question was described as the applicant's first office visit with requesting provider. The applicant was using Vicodin for pain relief, it was reported. Unspecified medications were prescribed and/or dispensed under separate cover, the treating provider reported. In a prescription form dated November 26, 2013, Naprosyn, Prilosec, Zofran, extended release tramadol, and Imitrex were prescribed. Preprinted checkboxes were employed, without any attached narrative rationale or narrative commentary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10% in Capsaicin solution (quantity unknown): Upheld

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

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

Decision rationale: Similarly, the request for a gabapentin-capsaicin containing topical compound is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's concomitant usage of multiple first-line oral pharmaceuticals to include Naprosyn, Vicodin, tramadol, etc., effectively obviated the need for the compound in question. Therefore, the request is not medically necessary.

Cooleze Gel (quantity unknown): Upheld

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

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: No, the request for a Cooleze gel was not medically necessary, medically appropriate, or indicated here. As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical medications such as the Cooleze gel are deemed "largely experimental". Here, the applicant's concomitant usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals such as tramadol, Vicodin, Naprosyn, etc., effectively obviated the need for the largely experimental Cooleze gel at issue. Therefore, the request is not medically necessary.