

Case Number:	CM15-0129942		
Date Assigned:	07/16/2015	Date of Injury:	11/01/2012
Decision Date:	09/09/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/06/2015

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: Arizona, Michigan

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 injured worker is a 57 year old male, who sustained an industrial injury on 11/1/2012. The mechanism of injury is reported as a heavy object falling and striking him on the head. The injured worker was diagnosed as having cervical strain/sprain, cervical radiculopathy, and lumbar disc protrusions. Treatment to date has included medications, x-rays, magnetic resonance imaging of the cervical and lumbar spines, and chiropractic care. The request is for Gabapentin 10%, Lidocaine 2% with aloe vera 0.5% and Emu oil 30% plus Capsaicin (natural) 0.025%, Menthol 10% and Camphor 5%. On 12/3/2014, he complained of neck pain rated 4/10, with radiation into the shoulders, and low back pain rated 3/10 with radiation into the left leg. The treatment plan included: continuing chiro/physio therapy, ortho consultation, and pain management consultation. On 1/15/2015, he complained of neck and low back pain with radiating pain. The treatment plan included: cervical epidural steroid injection, transdermal cream and a Toradol injection. On 6/10/2015, he rated his low back pain as 4/10 and neck pain is rated 4/10. He also complained of headaches. Physical findings revealed: tenderness in the neck with a positive cervical Jackson compression test. The treatment plan included: acupuncture, cervical spine epidural steroid injections, orthopedic spine consultation, and continue working full duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10% + Lidocaine 2% In With Aloe Vera 0.5% + Emu Oil 30% + Capsaicin (Natural) 0.025% + Menthol 10% + Camphor 5%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Topical analgesics, Medications for chronic pain, Lidocaine Page(s): 67, 49, 56-57, 60-61, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, medical foods and Other Medical Treatment Guidelines U.S. Department of Health & Human Services, National Institutes of Health, National Center for Complementary and Integrative Health, Aloe Vera at Nccih.nih.gov/health/aloevera.

Decision rationale: The CA MTUS guidelines do not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. The CA MTUS guidelines do not recommend Gabapentin as a topical analgesic. The CA MTUS guidelines indicate Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Menthol is not discussed in the CA MTUS or ODG guidelines. Camphor is not addressed in the CA MTUS. The CA MTUS guidelines indicate that Lidoderm is the only approved formulation of Lidocaine, and that no other commercially approved topical formulation of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The CA MTUS and ODG guidelines do not specifically address aloe vera or emu oil. The ODG guidelines do not recommend medical foods for chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The FDA defines a medical food as a food which is formulated to be consumed or administered entirely under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. The requested Gabapentin 10%, Lidocaine 2% with aloe vera 0.5% and Emu oil 30% plus Capsaicin (natural) 0.025%, Menthol 10% and Camphor 5% contains several ingredients which are not recommended by the guidelines. Therefore, the request for Gabapentin 10%, Lidocaine 2% with aloe vera 0.5% and Emu oil 30% plus Capsaicin (natural) 0.025%, Menthol 10% and Camphor 5% is not medically necessary.