

Case Number:	CM13-0062216		
Date Assigned:	12/30/2013	Date of Injury:	06/11/2011
Decision Date:	05/13/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/06/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 32-year-old male who reported an injury on 05/11/2011 after he pushed a pipe, which caused a sudden onset of right low back pain. The injured worker's treatment history included a right L4-S1 laminectomy and discectomy and medications to control postsurgical pain. The injured worker was evaluated on 11/05/2013. It was noted that the injured worker had increasing low back pain that radiated into his bilateral lower extremities. On 11/11/2013, the Methoderm gel with the active ingredients of lidocaine, methyl salicylate, menthol, and capsaicin and Terocin patches were ordered for the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDICATION COOLEEZE #120 THIRTY (30) DAY SUPPLY, APPLY TWO TO THREE (2-3) TIMES A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SALICYLATE TOPICALS AND TOPICAL ANALGESICS.

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

Decision rationale: The requested medication contains lidocaine, methyl salicylate, menthol, and capsaicin. The Chronic Pain Guidelines support the use of methyl salicylate and menthol for

osteoarthritic- related pain. However, the Guidelines do not support the use of lidocaine for neuropathic pain as it is not FDA approved in this formulation to treat neuropathic pain. Additionally, the Guidelines do not support the use of capsaicin as a topical analgesic unless all other forms of first-line chronic pain treatments have been exhausted. The clinical documentation submitted for review does not indicate that the injured worker has failed to respond to first-line medications to include antidepressants and anticonvulsants. The Guidelines do not support the use of any compounded medication that contains at least one (1) drug or drug class that is not supported by guideline recommendations. Additionally, the request as it is written does not provide a frequency of treatment. Therefore, the appropriateness of this request as it is written cannot be determined. As such, the requested compounded medication Cooleeze #120 with 30-day supply is not medically necessary or appropriate.