

Case Number:	CM14-0101914		
Date Assigned:	07/30/2014	Date of Injury:	05/19/2011
Decision Date:	08/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/02/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 41-year-old was reportedly injured on May 19, 2011. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated May 19, 2014, indicates that there are ongoing complaints of low back pain. The physical examination is handwritten. Lumbar spine: positive tenderness at lumbar spine with spasm, positive left elbow lateral and medial epicondyle, positive Cozen, positive Tinnel's at elbow, and a positive straight leg raise. No recent diagnostic studies are available for review. Previous treatment includes previous surgery, physical therapy, and medications. A request was made for Lidocaine/hyaluronic patch 6% 0.2% cream qty:120, Cooleeze (menth/camp cap/hyalor acid 3.5%. 0.5 %, 0.006%, 0.2 %) gram qty:120, and was not certified in the pre-authorization process on June 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine/hyaluronic patch 6% 0.2% cream 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics, topical ketoprofen, topical lidocaine, topical capsaicin, topical baclofen, topical muscle relaxants, topical gabapentin, topical antiepilepsy drugs, and topical ketamine sections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 56, 57, 112 of 127.

Decision rationale: The Chronic Pain Medical Treatment Guidelines supports the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Based on the clinical documentation provided there was no evidence of failure first-line treatment or significant radiculopathy in a specific dermatome on physical exam. As such, the request for Lidocaine/hyaluronic patch 6% 0.2% cream 120 count is not medically necessary or appropriate.

Cooleeze (menth/camp cap/hyalor acid 3.5%. 0.5 %, 0.006%, 0.2 %) gram 120 count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/druginfo>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Page(s): 111-113 of 127.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental and that any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended. The guidelines note there is little evidence to support the use of cooleeze for pain. Furthermore, there is no documentation of any conservative treatment or first-line medications. As such, the request for Cooleeze (menth/camp cap/hyalor acid 3.5%. 0.5 %, 0.006%, 0.2 %) gram 120 count with one refill is not medically necessary or appropriate.