

Case Number:	CM14-0010509		
Date Assigned:	03/12/2014	Date of Injury:	04/07/2001
Decision Date:	07/28/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/27/2014

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:

Patient is a 38-year-old female who has submitted a claim for status post lumbar fusion surgery, and retained symptomatic lumbar spinal hardware associated with an industrial injury date of 04/07/2001. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain radiating to bilateral lower extremities, associated with weakness. Physical examination of the lumbar spine showed tenderness and pain upon terminal motion. Seated nerve root test was positive. Sensation was diminished at L5 dermatome. Treatment to date has included lumbar fusion surgery, and medications such as Naproxen, Omeprazole, Cyclobenzaprine, and Tramadol. Utilization review from 12/20/2013 denied the request for Cooleeze (meth/cam cap/hyalor acid 3.5% 1.5% 006% 0.2%) #120 because of limited published studies concerning its efficacy and safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cooleeze (meth/cam cap/hyalor acid 3.5% 1.5% 006% 0.2%) #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

Decision rationale: Pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many these agents. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter issued an FDA safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where menthol, methyl salicylate, or capsaicin were applied. The guidelines do not address camphor and Hyaluric Acid Gel. In this case, there is no discussion concerning intolerance to oral medications that may warrant topical drug formulation. Moreover, the guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Cooleeze contains drug components that are not recommended. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Cooleeze (meth/cam cap/hyaluric acid 3.5% 1.5% 0.06% 0.2%) #120 is not medically necessary.