

<b>Case Number:</b>	CM14-0121730		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/24/2006
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 60 year-old male with a 02/24/2006 date of injury. At the time of the decision 07/22/2014; for Cooleeze (Menth/camp cap/hyalor acid 3.5%, 0.5%, .006%, 0.2% 120gm quantity 2 and Gab/Lid/Aloe/Cap/Men/Cam (Patch) 10%, 2%, 5%, .025%, 10%, 5% gel 120gm, there is documentation of subjective; persistent low back pain radiating to lower extremity and objective tenderness over the lumbar paravertebral muscle with spasm, positive nerve root test, and dysesthesias at the L5-S1 dermatome. Findings include current diagnoses of retained symptomatic lumbar spine hardware, L5 radiculopathy, and junctional level pathology. Treatment to date includes medications, Omeprazole, Cyclobenzaprine, and Medrox and topical compounds.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cooleeze (Menth/camp cap/hyalor acid 3.5%, 0.5%, .006%, 0.2% 120gm quantity 2:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The MTUS chronic pain medical treatment guidelines identify documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information is available for review, there is documentation of diagnoses of retained symptomatic lumbar spine hardware, L5 radiculopathy, and junctional level pathology. However, there is no documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Cooleeze (Menth/camp cap/hyalor acid 3.5%, 0.5%, .006%, 0.2% 120gm quantity 2 is not medically necessary.

**Gab/Lid/Aloe/Cap/Men/Cam (Patch) 10%, 2%, 5%, .025%, 10%, 5% gel 120gm:** Upheld

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

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

**Decision rationale:** The MTUS chronic pain medical treatment guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of retained symptomatic lumbar spine hardware, L5 radiculopathy, and junctional level pathology. However, Gab/Lid/Aloe/Cap/Men/Cam (Patch) contains at least one component (Gabapentin and Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Gab/Lid/Aloe/Cap/Men/Cam (Patch) 10%, 2%, 5%, .025%, 10%, 5% gel 120gm is not medically necessary.