

<b>Case Number:</b>	CM14-0154419		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	11/07/2001
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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:

This 67 year old patient had a date of injury on 11/7/2001. The mechanism of injury was not noted. In a progress noted dated 3/20/2014, the patient states that the area where the screw was inserted became painful. The pain is sharp, rated 6-7/10, and the affected area was made worse by direct pressure and past treatments including applying ice. On a physical exam dated 6/19/2014, he is presently using stair master, walks 30-45 minutes, 3 times a week. He is on Atenolol 100mg and Norvasc 5mg. The diagnostic impression shows hallus valgus, pain, status post right bunionectomy on 1/25/2007. Treatment to date: medication therapy, behavioral modification, surgery. A UR decision dated 8/29/2014 denied the request for, DOS 8/22/2014, Cooleeze cream(mentho/cam/cap/hyalor acid 3.5%.5%.006%.2% #120 x1 refill, and Gab/Lid/Aloe/Cap/Men/Cam patch 10%2%.5%.025%10%5% Gel #120 x1, stating that there is no indication that this claimant is unresponsive or intolerant to other treatments, and no documentation of failed trials of anti-depressant and anti-convulsant therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Coolze cream (Menth/Camp/Cap/Hyalor Acid 3.5%/0.5%/0.006%/0.2%) 120 grams, one bottle with one refill, provided on August 22, 2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Ggabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, in the most recent progress note dated 3/21/2014 that is legible, there was no discussion regarding failure of a 1st line oral analgesic medication. Furthermore, in the documentation provided, there was no clinical data within 60 days of the date of requested service. Therefore, the request for Cooleeze cream (mentho/cam/cap/hyalor acid 3.5%.5%.006%.2%) #120 x1 refill was not medically necessary.

**Gab/Lid/Aloe/Cap/Men/Cam patch 10%/2%/0.5%/0.25%/10%/5% gel 120 grams, one bottle with one refill, provided on August 22, 2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, in the most recent progress note dated 3/21/2014 that is legible, there was no discussion regarding failure of a 1st line oral analgesic medication. Furthermore, in the documentation provided, there was no clinical data within 60 days of the date of requested service. Therefore, the request for Gab/Lid/Aloe/Cap/Men/Cam patch 10%2%.5%.025%10%5% Gel #120 x1 was not medically necessary.