

Case Number:	CM14-0172019		
Date Assigned:	10/23/2014	Date of Injury:	10/08/2012
Decision Date:	11/21/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/17/2014

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, has a subspecialty in Pain 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:

The injured worker is a 52 year-old male with a date of injury of October 8, 2012. The patient's industrially related diagnoses include lumbago, lumbar disc degeneration, lumbar facet arthropathy, and lumbar radiculitis. The disputed issues are a request for Cooleeze with 2 refills and Lidocaine/Hyaluronic Acid with 2 refills. A utilization review determination on 9/30/2014 had non-certified these requests. The stated rationale for the denial was: "Initial utilization review report dated 7/15/14 indicates that the prospective use for Menthoderml Gel #120 was non-certified as there was no documentation of failed trials of oral anticonvulsants and antidepressants, as well as the claimant being unresponsive and intolerant to all other treatments." Considering these, non-certification was recommended for Cooleeze gel (menthol/camphor/capsaicin/hyaluronic acid) and Lidocaine/Hyaluronic acid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cooleeze with 2 refills.: 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 rationale: Cooleeze is a compounded formulation that contains menthol 3.5%, camphor 0.5%, capsaicin 0.006%, and hyaluronic acid 0.2%. The Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The guidelines recommend capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Additionally, the guidelines state: "Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." In the submitted documentation available for review, the treating physician does not document or discuss the medications that the injured worker was unable to tolerate. Topical analgesics in general are recommended as second line agents if patients could not tolerate other neuropathic pain medications. The guidelines clearly specify that capsaicin is recommended only in patients who have not responded or are intolerant to other treatments. Therefore the request for Cooleeze gel with 2 refills is not medically necessary.

Lidocaine / Hyaluronic acid with 2 refills.: 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 rationale: Lidocaine/Hyaluronic acid cream is a compounded formulation consisting of Lidocaine 6% and hyaluronic acid 0.2%. The Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In regard to the topical lidocaine, the Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of a 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines go on to state that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. In the submitted documentation available for review, there is no indication that the injured worker has failed first-line therapy recommendations. Furthermore, guidelines do not support the use of topical lidocaine preparations which are not in patch form. Based on the guidelines, the request for Lidocaine/Hyaluronic acid cream with 2 refills is not medically necessary.