

Case Number:	CM14-0178721		
Date Assigned:	11/03/2014	Date of Injury:	05/19/2001
Decision Date:	12/12/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/28/2014

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 47-year-old male who was injured on May 19, 2001. The patient continued to experience pain in his neck, bilateral shoulders, and bilateral knees. Physical examination was notable for tenderness of the cervical paraspinal muscles, positive axial loading compression test, tenderness of the bilateral shoulder subacromial space, positive impingement signs, tenderness from the mid to distal lumbar segment, and positive bilateral joint line tenderness of the knees. Diagnoses included status post right shoulder arthroscopy, left shoulder rotator cuff tear with impingement syndrome, cervical discopathy with radiculitis, lumbar discopathy with radiculitis, bilateral shoulder internal derangement, right ankle sprain, and right knee advanced degenerative joint disease. Treatment included surgery, knee brace, medications, and acupuncture. Request for authorization for Colleeze # 120 with 2 refills was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Colleeze (Menthol-Camphor-Capsaicin-Hyaluronic acid 3.5/0.5/.006/.02, #120 refills 3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28, 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee &

Leg, Hyaluronic Acid, Other Medical Treatment Guideline or Medical Evidence: Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain; UpToDate: Camphor and menthol: Drug information

Decision rationale: Colleeze is a compounded topical analgesic containing menthol, camphor, capsaicin, and hyaluronic acid. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Camphor and menthol are topical skin products that are available over the counter and used for the relief of dry itchy skin. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. Camphor and menthol are not recommended. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. In this case there is no documentation that the patient has not responded to alternative treatment. It is not recommended. Hyaluronic acid is recommended as an injection for severe osteoarthritis of the knees. It is not recommended as a topical medication. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request should not be authorized.