

Case Number:	CM14-0185636		
Date Assigned:	11/13/2014	Date of Injury:	01/27/2004
Decision Date:	12/23/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/07/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 52-year-old female with a date of injury of 01/27/2004. According to progress report 10/08/2014, the patient presents with constant pain in the cervical spine, right hand, bilateral shoulder, and left wrist. Examination of the cervical spine revealed palpable paravertebral muscle tenderness with spasm. Range of motion was limited with pain. Examination of the shoulder revealed tenderness around the anterior glenoid/humeral region and subacromial space. Hawkins' impingement signs were positive. Examination of the right wrist and hand revealed well-healed left De Quervain's release and carpal tunnel release scar. There is well-healed right thumb and right long finger release scar. There was tenderness noted over the volar aspect of the wrist and positive palmar compression test with subsequent Phalen's maneuver. Tinel's sign was also positive over the carpal tunnel and range of motion was full, but painful. Examination of the left wrist revealed well-healed De Quervain's release and carpal tunnel scar and tenderness with hypersensitivity to touch. The listed diagnoses are: 1. Status post C4 through C7 anterior cervical discectomy. 2. Retained symptomatic cervical hardware. 3. Status post right shoulder arthroscopic surgery and Mumford procedure. 4. Left shoulder impingement syndrome. 5. Status post right De Quervain's/CTR. 6. Status post left De Quervain's/CTR. 7. Status post right long and thumb trigger finger release. The treating physician is requesting topical compound creams. Utilization review denied the request on 10/24/2014. Treatment reports from 03/19/2014 through 10/08/2014 were provided for review.

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%/0.006%/0.2%) 120g: Upheld

Claims Administrator 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, Compound Drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Creams, Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg chapter for injections

Decision rationale: This patient presents with constant neck, right hand, bilateral shoulder, and left wrist complaints. The current request is for Cooleeze (menth/camp cap/hyalor acid 3.5%, 0.5%, 0.006%, 0.2%) 120 g. The Utilization Review denied the request stating "there is no documentation in the records provided that this patient has failed a trail of oral antiepileptic and antidepressants to support the use of topical analgesics." The ACOEM, MTUS and ODG do not specifically discuss "Cooleeze." The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." In this case, Hyaluronic acid is only supported by ODG (Knee & Leg chapter) for injections to treat severe osteoarthritis and not for topical use. MTUS states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Hyaluronic acid is not supported by ODG for topical application; therefore, the entire compound cream cannot be supported. The request is not medically necessary.

Gab/Lid/Aloe/Cap/Men/Cam Patch (10%/2%/0.5%/0.025%/10%/5%) 120g: Upheld

Claims Administrator 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, Compound Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Creams, Topical Analgesics Page(s): 111.

Decision rationale: This patient presents with constant neck, right hand, bilateral shoulder, and left wrist complaints. The current request is for gab/lid/aloe/cap/men/cam patch (10%, 2%, 0.5%, 0.025%, 10%, 5%) 120 g. The Utilization Review denied the request stating "there is no documentation in the records provided that this patient has failed a trail of oral antiepileptic and antidepressants to support the use of topical analgesics." The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, gabapentin is not recommended in any topical formulation. Therefore, the entire compound cream is rendered invalid. The request is not medically necessary.

