

Case Number:	CM14-0028777		
Date Assigned:	06/16/2014	Date of Injury:	03/28/2013
Decision Date:	07/16/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/06/2014

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, and is licensed to practice in Texas. 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:

A Basic Agreed Panel Qualified Medical Legal Evaluation was performed on 6/3/2014. The patient currently works full-time with restrictions of no lifting greater than 10 pounds and taking breaks from typing every 20 minutes. She also wears braces during work activities. The patient complains of constant aching discomfort in the trapezius area bilaterally and into the thoracic spine. She complains that her shoulders bother her, right worse than left. She has constant achiness in the forearms, hands and wrists, numbness in all fingers greater on the left, and occasional sharp pain in the tips of the elbows. Physical examination documents tenderness over the bilateral trapezius with some guarding, no muscle spasms. Neurologic evaluation reveals biceps, triceps, and brachioradialis reflexes are symmetric right and left. Radial, median, and ulnar nerve functions are intact on both sides. She complains of paresthesias in all fingers of both hands. Tests for carpal tunnel syndrome show a questionably positive Tinel's test on the left, a bilateral Phalen's sign with paresthesias in the fingers with flexion of the wrist for 1 minute, negative Tinel's sign at the elbows, negative Finkelstein's tests bilaterally. She does not have point tenderness about her shoulders, elbows, or wrists. X-rays of the cervical spine shows significant degenerative disc disease C5-6 with large anterior scar formation and narrowing of the disc space. X-rays of the bilateral wrists and hands are normal. Impression: 1. Chronic sprain and strain, cervical spine, with degenerative disc disease and unverifiable right-sided radicular complaints and limited mobility. 2. Chronic sprain and strain, bilateral shoulders. 3. Possible carpal tunnel syndrome bilaterally, right and previously treated carpal tunnel surgical release. According to a Functional Capacity Evaluation report dated 1/21/2014, the patient incurred injuries to the neck and bilateral upper extremities during the course of her employment. She takes ibuprofen as prescribed. Pain level is 65/100 VAS. Her job PDL is sedentary. Physical examination documents limited range of motion of the cervical spine and bilateral shoulders,

more limited on the left. Range of motion of the elbows and wrists are normal. Grip strength right 8/4/2 kg; left 4/2/2 kg.

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% .006% 0.2% G) QTY: 120:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to Cooleeze website, this product's purpose is to provide a cooling effect. "Cooleeze Cooling Gel Sheets contain a high percentage of water, which works with the body's natural cooling system helping to bring down your temperature. Body heat causes the evaporation of water contained within Cooleeze Cooling Gel Sheets creating a refreshing cooling sensation on the surface of the skin. According to the CA MTUS guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. The medical records do not document the purpose of providing this product. The medical necessity of the ingredients of this product is not established by the medical records. It is reasonable that cooling or cryotherapy can be applied with standard cold pack if desired. Furthermore, the medical records do not establish this patient has failed standard conservative measures.

GABAPENTIN 10% IN CAPSAICIN SOLUTION LIQ QTY: 120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the CA MTUS guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. According to the guidelines, Gabapentin is not recommended for topical formulations. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Furthermore, the medical records do not establish this patient has failed standard conservative measures. Consequently this compounded product is not supported by the evidence based guidelines. The medical necessity is not established.