

Case Number:	CM14-0034665		
Date Assigned:	06/20/2014	Date of Injury:	11/29/2011
Decision Date:	07/18/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/20/2014

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 Anesthesiologist and is licensed to practice in Florida. 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 60 year old female who reported an injury on 11/29/2011 due to unknown mechanism. The injured worker had complaints of persistent pain in neck that radiates to the upper extremities with numbness and tingling and low back pain. Also complaining of wrists swelling. Physical examination on 02/18/2014 revealed tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. Axial loading compression test and Spurling maneuver are positive. There was painful restricted cervical range of motion and dysesthesia at the C5-C7 dermatome. Bilateral shoulder tenderness and positive impingement Hawkin's sign, pain with terminal motion. Bilateral wrists revealed tenderness at the dorsum with swelling and deformity of the wrists. There was a weak grip and pain with terminal flexion. Lumbar spine with tenderness from the mid to distal lumbar segment and positive seated nerve root test. There was dysesthesia at the L4-L5 dermatome. Diagnostic studies were not submitted. Current medications and physical therapy reports were not submitted. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cooleez (menth/camp cap/hyalor acid 3.5%/0.5%/ 0.06%/ 0.2% 120): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 7th edition (web) Pain: Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112.

Decision rationale: The request for Cooleez (menph/camp cap/hyalor acid 3.5%/0.5%/0.06%/0.2% quantity 120 is non-certified. Topical analgesics are primarily recommended for neuropathic pain. The document submitted for review does not have current medications listed or failed medications listed, diagnostic studies, physical medicine reports or exercises. The California Medical Treatment Utilization Schedule states topical analgesics primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The document submitted is lacking information. Therefore, The request is non-certified.

Gab/lid/aloe/cap/men/cam (patch) (10%/ 2%/ 5%/ .025%/ 10%/ 5% gel 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 7th edition (web) Pain: Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112.

Decision rationale: The request for gab/lid/aloe/cap/men/cam (patch) (10%/2%/5%/ .025%/10%/5% gel quantity 120 is non-certified. The document submitted is lacking information such as diagnostic studies, medications tried and failed, physical medicine or exercises. The California Medical Treatment Utilization Schedule states topical analgesics only used when trials of antidepressants and anticonvulsants have failed. Topical analgesics work locally underneath the skin where they are applied. These do not include transdermal analgesics that are systemic agents entering the body through a transdermal means such as fentanyl transdermal patch. The topical analgesic contains capsaicin which is only recommended as an option to those who have not responded or are intolerant to other treatment. Gabapentin is not recommended. The document submitted is lacking information. Therefore, the request is non-certified.