

Case Number:	CM14-0037064		
Date Assigned:	06/25/2014	Date of Injury:	06/01/2002
Decision Date:	07/29/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/27/2014

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 Occupational 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 applicant has filed a claim for chronic low back and bilateral knee pain reportedly associated with an industrial injury of June 1, 2002. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; consultation with a knee surgeon, who has apparently endorsed a knee surgery; a knee sleeve; topical compounds; and the apparent imposition of permanent work restrictions. In a utilization review report dated March 21, 2014, the claims administrator denied a request for several topical compounded medications. The applicant's attorney subsequently appealed. In a February 4, 2014, progress note, the applicant presented with persistent complaints of knee and low back pain. The applicant was apparently pending a total knee arthroplasty. A knee sleeve was prescribed. The applicant was asked to continue permanent work restrictions. The applicant did not appear to be working with said limitations in place. There was no discussion of medication efficacy incorporated into this progress note or on to a later note of February 28, 2014.

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 %, 006%), # 120 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications Page(s): 71.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Oral Pharmaceuticals Section, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of what the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds such as the Cooleeze agent in question. Again, the attending provider did not proffer any applicant specific narrative rationale, commentary, or progress note which would offset the unfavorable MTUS recommendations. Therefore, the request is not medically necessary.

Gab/Lid/Aloe/Cap/Men/Cam (Patch) 10%, 2%, 5%, # 120 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications Page(s): 71.

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

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the principal ingredient in the compound in question, is specifically not recommended for topical compound formulation purposes. Since one or more ingredients in the compound carries an unfavorable recommendation, the entire compound is considered not recommended, per the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.