

<b>Case Number:</b>	CM14-0037750		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 & Rehab, 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 33 year old with an injury date on 6/12/12. Based on the 12/6/13 RFA by [REDACTED] the diagnoses are: 1. lumbago 2. cervicalgia Dr. [REDACTED] is requesting Cooleeze and Compound Gab/Lid/Aloe/Cap/Men/Cam patch. The utilization review determination being challenged is dated 3/20/14 and rejects Cooleeze and compound patch due to topical NSAIDs not being indicated for arthritis of spine, hip, or shoulder. [REDACTED] is the requesting provider, and no treatment reports were provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cooleeze:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics (NSAIDs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X ODG-TWC, Low Back Bio freeze cryotherapy gel.

**Decision rationale:** According to UR dated 3/20/14, patient had L5-S1 fusion. The treating physician has asked Cooleeze to treat the patient's pain. Cooleeze is a topical gel that cools the

skin. Regarding topical cool/heat products, ODG in low back chapter under biofreeze supports it for acute pain. Cold/heat packs are also supported for acute pain and low heat was more effective than cold packs for low back pain although it is a low risk low cost option. Currently, there is no discussion regarding cooleeze, its cost-effectiveness and efficacy when other cold/heat options are available. Recommendation is for not medically necessary.

**Compound: Gab/Lid/Aloe/Cap/Men/Cam Patch:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine: pg 111-113I. Topical Analgesics.

**Decision rationale:** According to UR dated 3/20/14, patient had L5-S1 fusion. The treating physician has asked Compound Gab/Lid/Aloe/Cap/Men/Cam patch but only outdated RFA not including requested item in provided reports. Regarding topical analgesics, MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS does not recommend Gabapentin for topical use. As topical Gabapentin is not indicated, the entire Compound Gab/Lid/Aloe/Cap/Men/Cam patch is also not indicated for use. Recommendation is for not medically necessary.