

<b>Case Number:</b>	CM14-0042050		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	04/25/2011
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 33 year old female presenting with chronic pain following a work related injury on 4/25/2011. On 1/29/2014, the claimant complained of cervical spine pain, bilateral shoulder and elbow pain and low back pain. The physical exam showed tenderness and spasm as well as tenderness and positive Hawkin's and impingement signs with pain with terminal motion, as well as decreased range of motion, bilateral elbow tenderness at the lateral epicondyle, pain with terminal flexion, as well as positive Cozen's sign and positive tinel's in the left cubital fossa, lumbar spine revealed tenderness, spasm, pain with terminal motion and a positive seated nerve root test. A claim was placed for Cooleeze.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cooleeze #120:** Upheld

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

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

**Decision rationale:** According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover topical analgesics that are largely experimental in use with a

few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Additionally, Per CA MTUS page 111 states that topical analgesics such as Cooleeze are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or Anti Epilepsy Drugs)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the request of Cooleeze #120 is not medically necessary and appropriate.