

Case Number:	CM14-0055452		
Date Assigned:	07/09/2014	Date of Injury:	11/14/2003
Decision Date:	08/29/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/24/2014

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 Nevada. 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 44-year-old female who was reportedly injured on 11/14/2003. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 5/12/2014, indicated that there were ongoing complaints of chronic neck pain, and major depressive disorder. The physical examination contains only a narrative history of the injured worker's mental health issues. Diagnostic imaging studies are not available for review. Previous treatment included previous surgery, physical therapy, and medications. A request had been made for Cooleeze (menth/camp/cap/h acid) 3.5%, 0.5%, 0.06%, 0.20%, # 120, gab/lid/aloe/cap/men/cam patch 10%, 2%, 5%, 0.25%, 10%, 5%, gel # 120, and was not granted in the pre-authorization process on 4/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cooleeze (Menth/Camp/Cap/H acid 3.5 %, 0.5 %, 0.06 %, 0.20 %, # 120, 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: California Medical Treatment Utilization Schedule guidelines state that topical analgesics are largely experimental, and that any compound product that contains at least one drug (or drug class), that is not recommended, is not recommended. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Therefore, this request is not medically necessary.

Gab/lid/Aloe/Cap/Men/Cam Patch 10 %, 2 %, 5 %, 0.25 %, 10 %, 5 %, gel # 120, 4 refills:
Upheld

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MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113.

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