MAXIMUS Federal Services

Case Number:	CM14-0062095		
Date Assigned:	07/11/2014	Date of Injury:	03/01/2011
Decision Date:	09/15/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/05/2014

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 Medicine and is licensed to practice in Texas. 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 58 year old male injured on 03/01/11 after developing a low back injury while driving security truck continuously with multiple stops every 10-15 minutes at which time he had to get out of the truck. The injured worker reported acute back pain and received medication, massage therapy, two epidural steroid injections, and diagnostic studies. Diagnoses included lumbar discopathy with segmental instability and progressive neurological deficits. Physical examination of the lumbar spine revealed pain and tenderness across the iliac crest in the low sacral joint, seated nerve root test positive, radicular pain component in the lower extremities involving lateral thigh, weakness consistent with L5-S1 enervated muscles resulting in dragging of feet and giving way of legs, and absent Achilles reflex. Medications included atenolol and ibuprofen. There were no prescriptions listed at this time. The initial request for Cooleez (menthol/camphor/capsaicin/hyaluronic) and gabapentin/lidocaine/aloe/capsaicin/menthol/camphor (patch) was non-certified on 04/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medications: Cooleez (Menth/Camp/Cap/Hyalor): Upheld

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

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, California Medical Treatment Utilization Schedule, Food and Drug Administration and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. There is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. Therefore Cooleez (Menth/Camp/Cap/Hyalor) is not medically necessary as it does not meet established and accepted medical guidelines.

Gaba/Lid/Aloe/Cap/Men/Cam (Patch): Upheld

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

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, California Medical Treatment Utilization Schedule, Food and Drug Administration and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Gaba/Lid/Aloe/Cap/Men/Cam (Patch) is not medically necessary as it does not meet established and accepted medical guidelines.