

<b>Case Number:</b>	CM14-0078671		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of April 26, 2012. A utilization review determination dated April 29, 2014 recommends non-certification of Cooleeze gel and Lidocaine/hyaluronic acid patches. A progress report dated May 6, 2014 identifies subjective complaints of constant cervical and lumbar spine pain as well as left shoulder and left knee pain. Physical examination reveals tenderness at the cervical and lumbar spine with spasm in the left shoulder and left knee. Diagnoses include cervicgia and lumbago. The treatment plan states that there is pending chiropractic treatment, and apparently there is some consideration of a left knee scope. Prescriptions include Naproxen, Omeprazole, Orphenadrine, Tramadol, and a Terocin patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cooleeze Gel #120, 4 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation online resource <http://dailymed.nlm.nih.gov/dailymed/druginfo>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

**Decision rationale:** Regarding request for Cooleeze Gel, notes indicate that this is a combination of Menthol, Camphor, Capsaicin, and Hyaluronic Acid. Guidelines state that capsaicin is recommended only as an option for patients who did not respond to, or are intolerant to other treatments. Within the documentation available for review, there is no indication that the patient has obtained any analgesic effect or objective functional improvement from the use of capsaicin cream. Additionally, there is no indication that the patient has been intolerant of, or did not respond to, other treatments prior to the initiation of capsaicin therapy. Finally, there is no rationale supporting the use of Hyaluronic Acid in topical form as opposed to the FDA approved intra-articular form. In the absence of clarity regarding those issues, the currently requested Cooleeze Gel is deemed not medically necessary.

**Lidocaine/Hyaluronic Patch #120, 4 refills:** Upheld

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

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

**Decision rationale:** Regarding the request for Lidocaine/Hyaluronic Patches, Chronic Pain Medical Treatment Guidelines recommend the use of topical Lidocaine for localized peripheral pain after there has been evidence of a trial of a first-line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement achieved as a result of the currently prescribed patch. Also, there is no documentation of localized peripheral pain as recommended by guidelines as an indication for the use of this medication. Finally, there is no rationale supporting the use of hyaluronic acid in topical form as opposed to the FDA approved intra-articular form. As such, the currently requested Lidocaine/Hyaluronic Patch is not medically necessary.