MAXIMUS Federal Services

Case Number:	CM14-0079697		
Date Assigned:	07/18/2014	Date of Injury:	07/28/2003
Decision Date:	09/17/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/30/2014

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 Occupational Medicine 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 42-year-old gentleman with a date of injury of 7/20/2003. There is a request for a topical compound medication named "Cooleeze" on a prescription from a pharmacy which was signed on 4/7/14 indicating that this is a gel that contains Cooleeze (menthol 3.5%+ camphor .5%+ Capsaicin .006%+ hyaluronic acid 120GM. A 10/4/13 narrative report from the orthopedist indicates patient has problems with persistent pain in the low back, bilateral knee pain and unchanged pain in the cervical spine and left foot. Patient's original mechanism of injury is not known. Examination in the neck stated that it was unchanged and that there was some spasm present. Lumbar spine had tenderness in the mid to distal lumbar segments, pain with terminal motion and dysesthesia L4-5 and S1. The exam showed tenderness of the joint line posteriorly with positive McMurray's, positive compression test. Left foot exam was said to be unchanged. Diagnoses were cervical spine discopathy, lumbar discopathy with radiculitis and facet arthropathy, tear of medial and lateral menisci right knee magnetic resonance imaging (MRI), torn meniscus left knee with chondromalacia patella, status post of the left knee arthroscopy and left foot internal derangement. Report states patient is being treated for future medical care per Agreed Medical Examiner (AME) guidelines and that he is permanent and stationary per the AME. It says that the patient can take the appropriate pharmacological agents for symptomatic relief and medications are being requested under separate cover/report. Follow up on as needed basis. There is a handwritten PR-2 of 4/7/14, the same date as the prescription. This is barely legible report includes complaints of cervical back and knee pain; there is tenderness, positive Spurling, positive straight leg raise, positive McMurray and decreased range of motion, that patient continues home exercise program and meds and says the patient is pending "L/S and knee surgery".

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Cooleeze (menthol 3.5%+ camphor .5%+ Capsaicin .006%+ hyaluronic acid 120GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PART 2 Page(s): 111-113.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not. There is no recommendation for use of topical hyaluronic acid, menthol or camphor. Capsaicin is not recommended in this strength . The submitted records do not provide any information to support treatment outside of the guidelines. Thus based on the evidence and the guidelines this is not considered be medically necessary.