

Case Number:	CM14-0080112		
Date Assigned:	07/18/2014	Date of Injury:	01/01/1999
Decision Date:	08/25/2014	UR Denial Date:	05/21/2014
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 Orthopedic Surgery 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:

The 56 year old claimant reported an industrial injury on 1/1/99. Exam note from 2/11/14 demonstrates claimant has undergone carpal tunnel release and is doing well. Examination of the cervical spine demonstrates paravertebral muscle spasm with positive axial loading compression test. Tenderness is noted over the levator scapulae extending into the upper extremities with positive Spurling's maneuver. Examination of the right shoulder demonstrates tenderness as does the right wrist and hand at terminal points of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cooleeze (ment/camp cap/hyalor acid 305%, 0.5%, 006%, 0.2%)G #120: Upheld

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

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

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, page 111-112, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to

support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." There is no evidence in the records from 2/11/14 that the claimant cannot take oral medication. Therefore, the request is not medically necessary.

Gab/Lid/Aloe/Cap/Men/Cam (Patch) 10%2%.5%.0.25%10%5% Gel #120: Upheld

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

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

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, page 111-112 "Largely experimental in use with few randomizedcontrolled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." There is no evidence in the records from 2/11/14 that the claimant cannot take oral medication. Therefore the determination is for non-certification.