

Case Number:	CM14-0190976		
Date Assigned:	11/24/2014	Date of Injury:	05/19/2001
Decision Date:	04/07/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 who reported an injury on 05/19/2001. Documentation was not provided in regard to past treatments, diagnoses, mechanism of injury, and a physical examination. A Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 6 percent Hyaluronic 0.2 percent Patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The request for Lidocaine 6 percent Hyaluronic 0.2 percent Patch is not medically necessary. According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not

recommended is not recommended. Furthermore, it may be used for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica). There was a lack of documentation in regard to physical examination for review. There was also a lack of documentation indicating the injured worker had failed antidepressants and anticonvulsants along with first line therapies to include tricyclics, SNRI antidepressants, and antiepileptic drugs. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Cooleeze (menthol 3.5%, camphor 0.5%, capsaicin .006%, hyaluronic acid 0.2%) 120gm, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The request for Cooleeze (menthol 3.5%, camphor 0.5%, capsaicin .006%, hyaluronic acid 0.2%) 120gm, 1 refill is not medically necessary. According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Furthermore, the guidelines state capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments, have osteoarthritis, postherpetic neuralgia, diabetic neuropathy, or postmastectomy pain. The documentation in regard to physical examination was not provided for review. In addition, there was a lack of documentation in regard to a failed trial of antidepressants and anticonvulsants. In addition, there was a lack of documentation to indicate the injured worker had osteoarthritis, postherpetic neuralgia, or diabetic neuropathy. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.