

Case Number:	CM14-0191206		
Date Assigned:	11/25/2014	Date of Injury:	02/12/2009
Decision Date:	03/05/2015	UR Denial Date:	11/04/2014
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

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:

This 64 year old female continues to complain of issues and pain in the right hip and low back stemming from a work related motor vehicle accident with injury reported on 2/12/2009. Diagnoses include: lumbar dicopathy; status post right total hip arthroplasty (3/6/12); major depressive disorder with episode; "pain disease associated with both psycho, fact, & gen med cond". Treatments have included: consultations; diagnostic imaging studies; physical therapy; activity modification; total right hip arthroplasty (2012); and medication management. The injured worker was noted to be permanently partially disabled, and 100% disabled. The complex primary treating physician's orthopedic evaluation of 4/21/2014, notes the IW to be 63 years old, and presents due to persistent symptomatology in the back, hips and left upper extremity (UE). The chief complaints were for pain in the left UE, lumbar spine, and right hip. Noted is a 2007 surgery for right rotator cuff repair, and a work related lower back injury in 1983 for which settlement was received. Objective findings of the lumbar spine and right hip were spelled out; imaging studies and diagnosis were noted. Current medications were listed for Tramadol, and the treatment plan included the need for updated diagnostic and imaging studies; possible decompression and stabilization surgical intervention; and a triangle/wedge pillow. No medications were dispensed this visit, however on the follow-up report, dated 4/30/2014, medications were prescribed. The primary treating physician Pr-2 report, dated 5/23/2014, show handwritten subjective complaints and objective findings, diagnosis and includes a treatment plan that included physical therapy, wedge pillow and tests. The primary treating physician Pr-2 report, dated 6/30/2014, show subjective complaints, objective findings, diagnosis, and treatment

plan that includes pain management, refills to medications and MRI of the lumbar spine. The primary treating physician report, dated 7/11/2014 notes subjective complaints of consistent sharp pain in the low back, rated 8/10, which is aggravated by activities, and described as sharp and radiating down the lower extremities; the hip is unchanged. Diagnosis is noted to be lumbago. Objective findings provided include: vital signs and descriptions of appearance, stature, emotional status, orientation and gait. Further objective notes were noted for the assessment and findings of the lumbar spine; to include the lumbar 4 & 6 dermatomal pattern assessments. The treatment plan included a referral to a hip specialist, follow-up with her surgeon, pain control, and refills on current medications (not listed). No work status was noted. No significant changes are noted to the primary treating physician report, dated 8/11/2014. Orthopedic evaluation notes, dated 9/23/2014, note a 2 year re-check of the right hip, and low back pain, rated 5/10, which runs down both legs for which multiple spinal surgeons who have advised against any surgery. Examination of the leg noted normal findings and the IW tolerates the pain. No work status was provided. The psychiatric progress report, dated 9/9/2014, notes subjective complaints, objective examination findings, a note that the IW was not currently on any psychiatric medications at the present time, and a treatment plan for Doxepin and Lexapro. The follow-up progress report, dated 10/6/2014, shows subjective complaints, objective examination findings, that the IW was tolerating both Lexapro and Doxepin, and a treatment plan that included adjustments in these medications. The work status was noted to show 100% disabled. On 11/4/2014 Utilization Review non-certified, for medical necessity, a request for retroactive Cooleeze, #120 with 1 refill, and Lidocaine/Hyaluronic patch, #120 with 1 refill stating that no office visit report providing subjective and objective findings was submitted, and that no diagnosis was provided; therefore the MTUS guidelines for chronic pain were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Cooleeze (Menthol/Camphor/Capsaicin/Hyaluronic Acid) #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113. Decision based on Non-MTUS Citation (Knee & Leg chapter) Hyaluronic acid injections

Decision rationale: The patient presents with pain and weakness in her lower back and right hip. The request is for RETRO COOLEEZE (Menthol/ Capsaicin/ Hylauronic acid) #120 with 1 refill. None of the reports contain information of whether or not the patient has tried Cooleeze in the past. MTUS, ACOEM and ODG do not specifically discuss "Cooleeze." MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." In this case, Hyaluronic acid is only supported by ODG (Knee & Leg chapter) for injections to treat severe osteoarthritis and not for topical use. MTUS page 111 states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Hyaluronic

acid is not supported by ODG for topical application. Therefore, the entire compound cream cannot be supported. The request IS NOT medically necessary.

Retrospective Lidocaine/Hyaluronic Patch #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Pain chapter, Lidoderm patches

Decision rationale: The patient presents with pain and weakness in his lower back and left leg. The request is for RETRO LIDOCAINE/HYALURONIC PATCH #120 WITH 1 REFILL. The patient has been utilizing Lidoderm patch since at least 09/18/14. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized perioheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documented for pain and function. In this case, the patient does not present with localized peripheral pain that is neuropathic for which topical lidocaine would be indicated. There is no support for the use of hyaluronic acid in topical formulation either. The request IS NOT medically necessary.