

Case Number:	CM14-0191257		
Date Assigned:	11/25/2014	Date of Injury:	07/08/2010
Decision Date:	02/11/2015	UR Denial Date:	10/24/2014
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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Arizona. 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 injured worker is a 55 year old female who got injured on 7/8/2010. The mechanism of injury is not described in the medical records that are available to me. She is being managed for chronic wrist, neck and back pain. She saw her treating physician on 8/26/2014 for increasing bilateral wrist, neck and back pain as well as bilateral shoulder, elbow and right hip pain. Physical exam of her cervical spine was positive for paravertebral muscle tenderness with spasm, positive axial loading compression test, positive spurlings maneuver, limited range of motion with pain, tingling and numbness into the anterolateral shoulder and arm, lateral forearm and hand, greatest over the thumb and in the middle finger which correlates with a C5-6, C6-7 dermatomal pattern, there is 4/5 strength in the deltoid, triceps, wrist flexors and extensors and finger extensors, C5 to C7 innervated muscles biceps and triceps reflexes are asymmetric. The lumbar spine had palpable paravertebral muscle tenderness with spasm, seated nerve root test was positive, range of motion standing flexion and extension are guarded and restricted, there is tingling and numbness in the lateral thigh, anterolateral leg and foot and posterior leg and foot which correlates with an L5-S1 dermatomal pattern, there is 4/5 strength in the EHL and ankle plantar flexors, L5 and S1 innervated muscles. The injured workers diagnoses include but are not limited to cervical discopathy with chronic cervicgia and MRI evidence of two anterior disc protrusions at C4-C5 and C5-C6, lumbar discopathy with MRI evidence of two posterior protrusions at L4-5 and L5-S1. The request is for Topical Cooleeze (menth/camp cap/hyalor acid) 3.5%/0.5%/006%/0.2% G. #120 Gm. Apply 2-3 times a day to affected area. W/1 Refill. Body Part: L/S & C/S.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Cooleeze (menth/camp cap/hyalor acid) 3.5%/0.5%/006%/0.2% G. #120 gm with 1 Refill (apply 2-3 times a day to affected area)/S.: Upheld

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

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

Decision rationale: Per MTUS, topical analgesics are recommended as an option primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, there is little to no research to support the use of many of the agents and any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the available injured workers medical records did not reveal a failed trial of antidepressants or anticonvulsants. The guidelines recommend that any compounded product that contains at least one drug or drug class that is not recommended is not recommended, therefore based on the guidelines the request is not medically necessary.