

Case Number:	CM14-0194014		
Date Assigned:	12/01/2014	Date of Injury:	05/10/2012
Decision Date:	01/14/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/19/2014

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:

According to the records made available for review, this is a 63-year-old male with a 5/10/12 date of injury. At the time (10/31/14) of the decision for Cooleeze and Gabapentin 10%/Lidocaine 2%/Aloe 0.5%/Capsaicin 0.025%/Menthol 10%/Camphor 5% Patch, there is documentation of subjective (constant pain in the low back with radiation into the lower extremities, constant pain noted in the right shoulder, and constant pain in the bilateral hips) and objective (tenderness around the anterior glenohumeral region and subacromial space, Hawkins and impingement signs are positive, palpable paravertebral muscle tenderness with spasm, seated nerve root test is positive, tingling and numbness in the L4-L5 dermatomal pattern, pain and tenderness in the anterior and posterior region of the right hip and to a lesser extent on the left side) findings. The current diagnoses are lumbar discopathy, right shoulder impingement syndrome, internal derangement bilateral hips, and lumbar surgery date unknown. The treatment to date includes medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cooleeze 3.5% 0.5% 0.00 6% 0.2% QTY: 120 with 1 refill: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adenosine, cannabinoids, cholinergic receptor agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor); that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Cooleeze 3.5% 0.5% 0.00 6% 0.2% QTY: 120 with 1 refill is not medically necessary.

Gabapentin 10%/Lidocaine 2%/Aloe 0.5%/Capsaicin 0.025%/Menthol 10%/Camphor 5% Patch QTY: 120 with 1 refill: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of status post left ulnar nerve release, status post left carpal tunnel release, right carpal tunnel syndrome with De Quervain's, right ulnar neuritis, and right medial and lateral epicondylitis. However, the requested medication Gabapentin 10%/Lidocaine 2%/Aloe 0.5%/Capsaicin 0.025%/Menthol 10%/Camphor 5% Patch contains at least one drug (Gabapentin and Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Gabapentin 10%/Lidocaine 2%/Aloe 0.5%/Capsaicin 0.025%/Menthol 10%/Camphor 5% Patch QTY: 120 with 1 refill is not medically necessary.