

Case Number:	CM14-0195387		
Date Assigned:	12/03/2014	Date of Injury:	10/14/2003
Decision Date:	01/23/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/21/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 71 year old patient with date of injury of 10/14/2003. Medical records indicate the patient is undergoing treatment for derangement of left ankle joint, s/p open reduction internal fixation of a tibia plafond fracture and subsequent removal of left ankle hardware. Subjective complaints include constant left ankle and foot pain described as burning and rated 6/10. Objective findings include no swelling or buckling of the ankle, tenderness over anterior portion of ankle and pain with inversion and eversion of ankle. Treatment has consisted of surgical intervention, Ondasetron, Omeprazole and Tramadol. The utilization review determination was rendered on 10/29/2014 recommending non-certification of Cooleeze- Menth/Camp cap/hyalor acid 120gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cooleeze- Menth/Camp cap/hyalor acid 120gm: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: California MTUS and Official Disability Guidelines (ODG) recommends the usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." As such, the request for Cooleeze-Menth/Camp cap/hyalor acid 120gm is not medically necessary.