

Case Number:	CM14-0200399		
Date Assigned:	12/10/2014	Date of Injury:	03/12/1997
Decision Date:	01/28/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	12/01/2014

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 Physical Medicine Rehabilitation and Interventional Spine 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:

The patient is a 65 year old male with the injury date of 03/12/97. Per physician's report 08/19/14, the patient has low back pain, radiating down his left leg at 6/10 with medication and 9/10 without medication. The patient has "limited daily activities in the area of ambulation, sleep and sex." The patient had lumbar epidural injection with overall improvement by 50-80% for 2 months. The patient reports injection"reduced his pain and decreased the amount of medication." The patient's gait is slow. ROM of the lumbar is restricted. The patient is currently working without restrictions. The lists of diagnoses are:1) Lumbar radiculopathy2) Bilateral carpal tunnel release syndrome3) Chronic pain, other Per 026/24/14 progress report, the patient has persistent low back pain as 6/10 with medication, 8/10 without medication. Per 12/17/13 progress report, the patient has a history of GERD and asthma. The patient is taking Motrin and Tramadol. The patient has lower back pain at 10/10. The utilization review determination being challenged is dated on 10/31/14. Treatment reports were provided from 03/07/13 to 08/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Coolreeze (Menth/Camp Cap/Hylauronic Acid 3.5%0.5%006%0.2%) #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Chapter, Hyaluronic acid injections.

Decision rationale: The patient presents with pain and weakness in his lower back and left leg. The request is for Cooleeze (Menth 3.5%/ Camp cap 0.5%/ Hylauronic acid 0.2%) #120. None of the reports contain information of whether or not the patient has tried Cooleeze in the past. MTUS, ACOEM and Official Disability Guidelines (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. California 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.

Lidocaine/Hyaluronic (Patch) 6%0.2%#120 REF-1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Lidoderm® (lidocaine patch).

Decision rationale: The patient presents with pain and weakness in his lower back and left leg. The request is for Lidocaine 6%, Hyauronic 0.2% (Patch) #120. California 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. The request is not medically necessary.