

Case Number:	CM15-0120170		
Date Assigned:	06/30/2015	Date of Injury:	07/08/2010
Decision Date:	07/31/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/22/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 56 year old female patient who sustained an industrial injury on 07/08/2010. On 01/09/2015 the patient underwent electrodiagnosic nerve study which revealed abnormal findings for both the upper and lower extremities with entrapment neuropathy of the median nerve at the left wrist and moderate slowing of conduction, carpal tunnel syndrome, and cubital tunnel syndrome. A primary treating follow up visit dated 01/08/2015 reported chief complaints of having constant neck pain that radiates into upper extremities; constant bilateral wrist pain right greater; bilateral shoulder pain, bilateral elbow pain and right hip pain. She was diagnosed with the following: cervical discopathy with chronic cervicalgia and radiographic evidence of disc protrusions at C4-5 and C5-6; lumbar discopathy; bilateral carpal tunnel syndrome; cubital tunnel syndrome, and double crush syndrome; bilateral shoulder impingement; partial tear of supraspinatus tendon, left shoulder, and likely full thickness tear in the critical insertion zone of supraspinatus tendon with superior labral tear right shoulder. The plan of care noted recommending a course of physical therapy and follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cooleeze 120 gms (0.2% hyaluronic acid 0.5%/0.005% Camp cap 3.5% menthol): 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 analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, Capsacin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. In this case, Cooleeze contains a higher amount of Capsacin than is medically necessary. As per the guidelines, any compounded medication that contains a medication that is not indicated is not indicated. In addition , there is insufficient evidence that Hyaluronic acid topically provides clinical benefit. The clinical notes do not substantiate the necessity for Cooleeze. The use of Cooleeze is not medically necessary.