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| Case Number: | CM15-0079270 | | |
| Date Assigned: | 04/30/2015 | Date of Injury: | 08/29/2012 |
| Decision Date: | 06/03/2015 | UR Denial Date: | 04/09/2015 |
| Priority: | Standard | Application Received: | 04/24/2015 |

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: 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 45-year-old female, who sustained an industrial injury on August 29, 2012. She has reported neck pain and shoulder pain. Diagnoses have included cervicgia, shoulder pain, cervical myofascial strain/sprain superimposed on degenerative disc disease, and left shoulder impingement syndrome. Treatment to date has included medications, left shoulder surgery, and imaging studies. A progress note dated March 30, 2015 indicates a chief complaint of increased cervical spine pain radiating to the upper extremities, headache that was migrainous in nature, and tension between the shoulder blades. The injured worker also complained of left shoulder pain that had improved. The treating physician documented a plan of care that included transdermal medication compounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cooleeze #120gr (Menthol 3.5%/Camphor 5%/Capsaicin .006%/Hyaluronic acid .2%) with 4 refills: 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): 111-113.

Decision rationale: This injured worker receives treatment for chronic neck pain and shoulder pain. Electro diagnostic testing showed signs of R CTS on 04/16/2015. The patient had laparoscopic L shoulder surgery. This review addresses a request for a compounded topical analgesic cream, Cooleze. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition, if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Menthol is a topical irritant, which is not medically indicated to treat chronic pain. Camphor is a topical cooling agent, which is not indicated to treat chronic pain. Hyaluronic acid shows some limited value as a joint lubricant when injected intra-articularly for moderate to severe arthritis of large, weight bearing joints. Hyaluronic acid is not medically indicated when applied topically. Cooleze is not medically necessary.

Gabapentin 10% in Capsaicin (Natural) 0.075% #120ml with 4 refills: 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): 111-113.

Decision rationale: This injured worker receives treatment for chronic neck pain and shoulder pain. Electro diagnostic testing showed signs of R CTS on 04.16.2015. The patient had laparoscopic L shoulder surgery. This review addresses a request for a compounded topical analgesic cream. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition, if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Gabapentin is an antiepileptic drug (AED). Aeds are not medically indicated to treat chronic pain when used in their topical form. Capsaicin is a topical irritant that has been studied primarily for three conditions: post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. This patient does not have any of these conditions. In addition, there are no studies of this high dose 0.075%, only the 0.025% has been studied. This compounded cream is not medically necessary.