

Case Number:	CM13-0012279		
Date Assigned:	07/23/2014	Date of Injury:	01/09/2012
Decision Date:	04/07/2015	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/13/2013

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, Texas
 Certification(s)/Specialty: Internal Medicine

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 44-year-old male reported a continuous work-related injury on 01/09/2012. According to the Treating Physician's Progress Report and Review of Medical Records dated 4/30/13, the injured worker was presenting for a check-up regarding hypertension and left atrial enlargement; heart and lung sounds were within normal limits. Diagnoses include hypertension, left atrial enlargement and left ventricular diastolic dysfunction. The Agreed Medical Examination dated 10/4/12 states the worker also had neck pain radiating into the base of the head and down into the bilateral trapezius as well as left ankle pain sometimes affecting the knee or foot. Previous treatments include medications, physical therapy and chiropractic treatment. The treating provider requests Cooleeze (Menthol/Camphor/Capsaicin/Hyalor 3.5%/0.5%/0.006%/0.2%, quantity 120 and Cyclobenzaprine/ Capsaicin /Lidocaine/Ketoprofen 2%/0.0125%/1%/10% cream, quantity 120 for date of service 07/15/2013. The Utilization Review on 8/2/2013 non-certified the request for Cooleeze (Menthol/Camphor/Capsaicin/Hyalor 3.5%/0.5%/0.006%/0.2%, #120 and Cyclobenzaprine/ Capsaicin /Lidocaine/Ketoprofen 2%/0.0125%/1%/10% cream, 120 grams for date of service 07/15/2013, citing CA MTUS guidelines.

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 3.5%, 0.5%,.006%,0.2% quantity 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 9792.20.26 Page(s): 111-113.

Decision rationale: According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case the documentation doesn't support that the patient has failed first line therapy.

Cyclo/Caps/Lido/Ketop 2%, 0.0125%,1%,10% cream quantity 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 9792.20.26 Page(s): 111-113.

Decision rationale: According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case the compounded cream contains a topical muscle relaxant which is not recommended.