MAXIMUS Federal Services

Case Number:	CM14-0058556		
Date Assigned:	07/09/2014	Date of Injury:	03/02/2005
Decision Date:	11/10/2015	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/29/2014

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. 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, Indiana, New York
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:

The injured worker is a 63 year old male, who sustained an industrial injury on 3-2-05. The injured worker has complaints of pain of the low back that is aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing and walking multiple blocks. Examination of the lumbar spine reveals tenderness from the mid to distal lumbar segments; there is pain with terminal motion; seated nerve root test is positive and there is dysesthesia at the L5 and S1 (sacroiliac) dermatomes. The diagnoses have included severe lumbar discopathy; left lower extremity radiculitis and left knee pain as a compensable consequence of the lumbar injury. Magnetic resonance imaging (MRI) of the lumbar spine on 12-16-13 revealed there is moderate levoscoliosis; lordosis is exaggerated; the alignment is not maintained; there is a 5 millimeter anterolisthesis of L4 on L5; there are no fractures nor are there bone or soft tissue tumors; the conus is unremarkable and the paravertebral musculature is unremarkable. Electrodiagnostic evaluation of the bilateral upper extremities on 1-9-14 showed no electroneurographic evidence of entrapment neuropathy was seen in the lower extremities and electromyographic indicators of acute lumbar radiculopathy were not seen. The original utilization review (4-11-14) non-certified the request for retrospective 2-11-2014 compound, cooleze (menth-camp cap-hyalor acid 3.5%-0.5%-.006%-0.2%) 120mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro 2/11/2014 Compound: Cooleze (Menth/Camp Cap/Hyalor Acid 3.5%/0.5%/.006%/0.2%) 120mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective February 11, 2014 compound Cooleze (menthol 3.5%, camphor 0.5%, capsaisin 0.006%, hyaluronic acid 0.2%) 120 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the injured worker's working diagnoses are severe lumbar discopathy; left lower extremity radiculitis; and left knee pain as a compensable consequence of the lumbar injury. Date of injury is March 2, 2005. Request for authorization is March 11, 2014 (retrospective requests for data service February 11, 2014). The medical record contains 25 pages and one progress note dated January 24, 2014. There is no February 11, 2014 progress note in the medical record. According to the January 24, 2014 progress notes, subjective complaints include low back pain. Objectively, there is tenderness to palpation of the lumbar spine and pain with terminal range of motion. There is no discussion in the progress note of a topical analgesic. There is a prescription in the medical record for the topical analgesic. There is no clinical indication or rationale for the topical analgesic. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. There is no documentation of failed first-line treatment with antidepressants and anticonvulsants. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of fail first-line treatment with antidepressants and anticonvulsants, no documentation of a start date, no documentation demonstrating objective functional improvement and no clinical discussion, indication or rationale for the topical analgesic, retrospective February 11, 2014 compound Cooleze (menthol 3.5%, camphor 0.5%, capsaisin 0.006%, hyaluronic acid 0.2%) 120 g is not medically necessary.