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| <b>Case Number:</b>   | CM13-0061005 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 05/10/2012 |
| <b>Decision Date:</b> | 05/23/2014   | <b>UR Denial Date:</b>       | 11/19/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/04/2013 |

### 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. The expert reviewer is Board Certified in Occupational Medicine 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:

Injured worker is a female with date of injury 5/10/2012. Per primary treating physician's reevaluation and progress report with request for spinal surgical authorization dated 11/7/2013, the injured worker complains of continued symptomatology in the cervical spine, chronic headaches, tension between the shoulder blades and migraines. She has been treated conservatively with no notable benefits. She has been working with great difficulty. On exam, cervical spine is unchanged. There is tenderness of cervical paravertebral muscles. There is pain with terminal motion with limited range of motion. Axial loading compression test and Spurling's maneuver are positive. There is dysesthesia at the C6 and C7 dermatomes. Left elbow exam is unchanged with pain and tenderness in the medial aspect. Bilateral upper extremity exam is unchanged with well-healed carpal tunnel release scar. There is tenderness at the volar aspect of the wrists and there is a weak grip. Diagnoses include 1) cervical discopathy 2) status post bilateral carpal tunnel release surgery with electrodiagnostic evidence of bilateral carpal tunnel syndrome 3) left medial epicondylitis and cubital tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GABAPENTIN SPRAY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs; Capsaicin Topical; Topical Analgesics Page(s): 16-19; 28-29; 111-113.

**Decision rationale:** Gabapentin Spray is a combination topical analgesic containing gabapentin 10% and capsaicin 0.075%. The use of topical analgesics are recommended as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The guidelines recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indications that an increase over a 0.025% formulation would provide any further benefit. Since capsaicin 0.075% is not recommended by the guidelines, the use of Gabapentin Spray is not recommended. Additionally, there is no strong evidence to support the use of topical gabapentin. The request is not medically necessary.

**COOLEEZE GEL:** 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 SECTION Page(s): 111-112.

**Decision rationale:** Cooleeze Gel is a combination topical analgesic containing menthol 3.5%, camphor 5%, capsaicin .0006%, and hyaluronic acid .2%. Topical analgesics may be recommended by the guidelines. Compounded topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. There is no evidence-based guideline in support of the use of topical hyaluronic acid for pain management. Therefore, this request is not medically necessary.