

<b>Case Number:</b>	CM13-0061398		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	07/02/2013
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Physical Medicine & Rehabilitation 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:

The injured worker is a 51-year-old male who reported an injury on 06/06/2013. The mechanism of injury was not provided. The clinical note dated 10/24/2013, reported that the injured worker complained of chronic headaches, tension between the shoulder blades and migraines. The physical examination noted there was cervical spine tenderness at the paravertebral muscles, upper trapezius muscles with spasm, as well as a positive Spurling's maneuver. The right shoulder was noted to have tenderness at the subacromial space and acromioclavicular joint with a positive Hawkin's impingement sign. The injured worker's right elbow was reported to have tenderness at the olecranon fossa and a positive Tinel's sign at the elbow. The right wrist had signs consistent with double crush syndrome as the injured worker had a positive palmar compression test subsequent to Phalen's maneuver. The lumbar spine was reported to have tenderness at the lumbar paravertebral muscles and seated nerve root tests were positive. The diagnoses included cervical discopathy, lumbar discopathy, carpal tunnel/double crush syndrome, right shoulder internal derangement and right elbow cubital tunnel syndrome. The treatment included a referral for physical therapy and a wrist splint. The request for authorization was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Coolleeze (menth/camphor/capsaicin): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**Decision rationale:** The injured worker has a history of headache, tension between his shoulder blades and migraines. The Chronic Pain Guidelines recommend Capsaicin, in a topical ointment, only as an option in patients who have not responded or are intolerant to other treatments. The information provided for review, lacks documentation of the injured workers prior course of treatment; it was unclear if the injured worker is intolerant of or did not respond to other treatments. Therefore, the request for Cooleeze (menthol/camphor/capsaicin) is non-certified.

**Gabapentin/Capsaicin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**Decision rationale:** The injured worker has a history of headache, tension between his shoulder blades and migraines. The Chronic Pain Guidelines recommend Capsaicin, in a topical ointment, only as an option in patients who have not responded or are intolerant to other treatments. The guidelines note that gabapentin is not recommended for topical application. The guidelines further state any compounded medication containing at least one (1) drug or drug class that is not recommended, is not recommended. The information provided for review, lacks documentation of the injured workers prior course of treatment; it was unclear if the injured worker is intolerant of or did not respond to other treatments. The guidelines do not recommend the use of gabapentin for topical application. Therefore, the request for Gabapentin/Capsaicin is non-certified.