

<b>Case Number:</b>	CM13-0064390		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	05/30/2010
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 54 year old male with a reported injury on 05/30/2012. He was employed as a van driver and upon exiting his vehicle he felt a pulling in his lower left back and leg, heard a crack and felt his left knee buckle. He reported significant pain after the injury, was put on a course of physical therapy, (dates, modalities and body parts treated are unknown), and was off work for two months. He was advised to return to work on light duty, but did not return to work and was terminated six months after the reported injury. He was diagnosed with lumbar discopathy and internal derangement of both knees. He underwent a left knee arthroscopy in April of 2011, a lumbar spinal fusion on 03/13/2013 and a right knee arthroscopy on 06/07/2013. There is no request for authorization nor rationale submitted with the chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GABAPENTIN 10% CAPACICIN LIQUID # 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** TThe injured worker reported on 05/30/2010 that he felt a pulling in his lower left back and leg, heard a crack and felt his left knee buckle as he was getting out of a van. His diagnoses included lumbar discopathy and internal derangement of both knees. He underwent a left knee arthroscopy in April of 2011, a lumbar spinal fusion on 03/13/2013 and a right knee arthroscopy on 06/07/2013. CA MTUS Chronic Pain Treatment Guidelines concerning topical analgesics recommend this type of treatment is largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Gabapentin is not recommended and capsaicin is a treatment for osteoarthritis. There is no body part, or justification for use specified nor are there any directions for use contained in the request. The requested Gabapentin 10% "Capacicin" Liquid #120 does not meet the guidelines and is not medically necessary.

**COOLEEZE (MENT/CAMP CAP/HYALOR ACID) # 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** The injured worker reported on 05/30/2010 that he felt a pulling in his lower left back and leg, heard a crack and felt his left knee buckle as he was getting out of a van. His diagnoses included lumbar discopathy and internal derangement of both knees. He underwent a left knee arthroscopy in April of 2011, a lumbar spinal fusion on 03/13/2013 and a right knee arthroscopy on 06/07/2013. CA MTUS Chronic Pain Treatment Guidelines concerning topical analgesics recommend this type of treatment is largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. There is no body part, or justification for use specified nor are there any directions for use contained in the request. The requested Cooleeze (Ment/Camp Cap/Hyalor acid) #120 does not meet the guidelines and is not medically necessary.