

<b>Case Number:</b>	CM14-0000402		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and 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:

This 56 year-old patient sustained an injury on 10/17/11 while employed by the [REDACTED]. The requests under consideration include Cooleeze (Menth/Camp Cap/ Hyalor Acid 3.5/.5/0.006/0.2%) #120 and 10% Capsaicin solution liq 120 (Gabapentin). The patient is s/p cervical fusion and remains P&S with permanent partial disability. The report of 10/28/13 from the provider noted the patient with complaints of residual lumbar spine symptomatology. An exam of the lumbar spine was noted to be unchanged from previous exam with tenderness at mid to distal lumbar segments; pain on terminal motion; positive seated nerve root test; and L5 and S1 dermatomal dysethesia. The diagnoses include lumbar discopathy with electrodiagnostic evidence of chronic right L5 radiculopathy. The treatment plan included medications for symptomatic relief with follow-up in 4 weeks. Requests for Cooleeze (Menth/Camp Cap/ Hyalor Acid 3.5/.5/0.0006/0.2%) #120 and 10% Capsaicin solution liq 120 (Gabapentin) were non-certified on 12/23/13 citing guidelines criteria and lack of medical necessity.

### 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 ACID 3.5/.5/0.0006/0.2%) #120:** Upheld

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

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

**Decision rationale:** Per California MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic compound over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. The submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2011 without documented functional improvement from treatment already rendered. The Cooleeze (Menth/Camp Cap/ Hyalor Acid 3.5/.5/0.006/0.2%) #120 is not medically necessary and appropriate.â¿¿

**10% IN CAPSAICIN SOLUTION LIQ 120 (GABAPENTIN):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin, Topical Analgesics, Page(s): 18-19, 112-113.

**Decision rationale:** Per California MTUS Chronic Pain Guidelines, the efficacy in clinical trials for compounded analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize compound analgesic over oral NSAIDs or other pain relievers for a patient. There are no evidenced-based studies to indicate efficacy of Capsaicin and anti-epileptic Gabapentin 10% formulation over oral NSAIDs. Although Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic 2011 injury. The medical reports have not demonstrated specific neurological deficits or neuropathic pain, acute flare-up or new injury; thereby medical necessity has not been established. The submitted reports have not demonstrated any functional improvement, specific pain relief on VAS rating, decreased in medical utilization or increase in activities of daily living functions from treatment already rendered to treat this chronic injury of 2011. The submitted reports have not adequately documented the indication or medical need for this compounded analgesic outside guidelines recommendations. The 10% Capsaicin solution liq 120 (Gabapentin) is not medically necessary and appropriate.