

<b>Case Number:</b>	CM14-0013154		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	11/02/2011
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 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:

The patient is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome and chronic knee pain reportedly associated with an industrial injury of November 2, 2011. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier knee surgeries; a knee brace; initial return to work; and subsequent removal from the workplace. In a utilization review report dated January 27, 2014, the claims administrator denied a request for gabapentin-containing topical compound and Cooleez gel. The patient's attorney subsequently appealed. In a handwritten request for authorization/prescription dated January 20, 2014, the attending provider sought authorization for Naprosyn, Zofran, Tramadol, Prilosec, cyclobenzaprine, and Terocin patches. Preprinted checkboxes were used. No clinical rationale, narrative, commentary was asked to request for authorization. In another note seemingly dated January 17, 2014, handwritten, difficult to follow and not entirely legible, the attending provider again furnished the patient's prescription for capsaicin-containing Cooleez gel and gabapentin containing spray/compound. No clinical progress note was attached. In a doctor's first report dated January 15, 2014, the attending provider seemingly kept the patient off of work, on total temporary disability. The patient was reported alleging wrist pain, foot pain, and knee pain reportedly associated with cumulative trauma during the course of work as a police officer. It was stated that the patient has not worked since August 2013. Little or no clinical information was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 COMPOUND MEDICATION: GABAPENTIN 10% IN CAPSAICIN SOLUTION #120 ML (WITH 4 REFILLS): Upheld**

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

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

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is not recommended for topical compound formulation purposes. Since one ingredient in the compound carries an unfavorable recommendation, the entire compound is considered not recommend, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**1 MEDICATION: COOLEEZE GEL #120 (WITH 4 REFILLS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Chapter Topical Medication.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin topic. Topical Analgesic topic. Page(s): 28, 111.

**Decision rationale:** One of the ingredients in the gel is capsaicin. However, as noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin is considered a last line agent, to be employed only in patients who have not responded to and/or are intolerant to other treatments. In this case, however, the patient has seemingly been concurrently furnished prescriptions for numerous first line oral pharmaceuticals, including cyclobenzaprine, Tramadol, Naprosyn, etc., effectively obviating the need for the capsaicin-containing Cooleez gel. Since one or more ingredients in the gel carries an unfavorable recommendation, the entire gel is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.