

<b>Case Number:</b>	CM14-0119490		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/19/2009
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 41 year old female with a work injury dated 2/19/09. The diagnoses include status post left knee arthroscopy, rule out internal derangement of the left knee and status post right knee arthroscopy 2/15/13 with evidence of advanced degenerative joint disease. Under consideration is a request for Gabapentin 10% in Capsaicin solution liq 120ml #4 1 refill and Cooleeze Menthol 3.5%, Camphor 0.5%, Capsaicin.006%, Hyaluronic Acid 0.2% 120gm #4 Refill 1. There is an orthopedic physician report dated 7/1/14 that states that the patient has continued pain in her bilateral knees. She was provided with a left knee injection last visit. This did help her. She is requesting one in her right knee. There is persistent pain in the bilateral knees that is aggravated by squatting, kneeling, ascending and descending stairs, walking multiple blocks, and prolonged standing. The patient's pain is unchanged. On a knee exam there is tenderness in the anterior joint line space with a positive patellar grind test and positive McMurray's. There is crepitus with painful range of motion. There is no clinical evidence of instability. The skin is warm and dry with normal color and turgor. There is no apparent swelling. There is normal quadriceps and hamstrings strength. 2 cc of Celestone, 3 cc of Lidocaine and 3 cc of Marcaine were injected into the right knee. The treatment plan is medication refill. There is a 2/27/14 AME that states that per the patient she sustained another industrial event on February -19, 2009, when she was at work and slipped and fell, landing on both knees. Per the patient, she underwent left knee surgery on December 21, 2009, and then received therapy. When the patient was seen on December 17, 2010, she complained of symptoms in her right shoulder and both knees. She stated her symptoms increased with activity. She was diagnosed with right shoulder impingement syndrome and bilateral knee internal derangement/chondromalacia. Per the patient, due to persistent symptoms in her right shoulder,

she received injections to her right shoulder periodically which offered her temporary relief from her symptoms. The patient states she worked up until February 2013, when she underwent right knee arthroscopy. She states she was placed off work for approximately two weeks and then returned to work. She states she received physical therapy modalities however, she has remained symptomatic and her symptoms have increased in her right knee since surgery. She states from compensating for her right knee symptoms, her left knee symptoms have increased. She also complains of increasing pain in her right shoulder. She states she has received cortisone injections to her right knee, as well as her left knee since surgery. The patient states she is currently taking Tramadol, Naproxen and Cyclobenzaprine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Gabapentin 10% in Capsaicin solution liq 120ml #4 1 refill:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Salicylate topicals Page(s): 111-113,105.

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

**Decision rationale:** Gabapentin 10% in Capsaicin solution liq 120ml #4 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation does not indicate intolerance to oral medications. The MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. The guidelines states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not recommend topical gabapentin therefore the request for Gabapentin 10% in Capsaicin solution liq 120ml #4 1 refill is not medically necessary.

#### **Cooleeze Menthol 3.5%, Camphor 0.5%, Capsaicin.006%, Hyaluronic Acid 0.2% 120gm #4 Refill 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Topical Analgesics compound Page(s): 111-113, 105. Decision based on Non-MTUS Citation Drugs.com-Hyaluronic Acid Derivatives (Mason-BMJ, 2004).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals page(s) 105; Topical analgesics 111-113 Page(s): 105; 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Efficacy and Safety of a Low-Molecular Weight Hyaluronic Acid Topical Gel in the Treatment of Facial Seborrheic Dermatitis J Clin Aesthet Dermatol. Oct 2012; 5(10): 20-23.

**Decision rationale:** Cooleeze Menthol 3.5%, Camphor 0.5%, Capsaicin.006%, Hyaluronic Acid 0.2% 120gm #4 Refill 1 is not medically necessary per the MTUS Chronic Pain Medical

Treatment Guidelines. The guidelines state that . The MTUS states that salicylate topical are significantly better than placebo in chronic pain. Menthol is an ingredient in Ben Gay which is a topical Salicylate. Topical hyaluronic acid can be used in skin conditions with inflammation. Capsaicin is recommended by the MTUS only as an option in patients who have not responded or are intolerant to other treatments. The documentation does not indicate the patient is intolerant to other treatments. The documentation does not reveal evidence of skin inflammation. The MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. The guidelines states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Due to the fact that there is no support for hyaluronic acid or topical Capsaicin in this patient the entire request for Cooleeze Menthol 3.5%, Camphor 0.5%, Capsaicin.006%, Hyaluronic Acid 0.2% 120gm #4 Refill 1 is not medically necessary.