

<b>Case Number:</b>	CM14-0132541		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	12/13/2012
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 & Rehabilitation, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 female who reported injury on 12/13/2012. The mechanism of injury was not specified. The diagnoses included residuals of left carpal tunnel release, residuals of left elbow ulnar nerve decompression, multilevel disc degeneration of lumbar spine, cervical spondylosis at C5-7, and left shoulder rotator cuff tendinitis. Past treatments include physical therapy, a home exercise program, medications and surgeries. Her diagnostic test included x-rays on 05/19/2014 and an MRI of the left wrist on 10/31/2013. Her surgeries consisted of left cubital & left carpal tunnel release on 01/24/2014. On 05/19/2014 the injured worker complained of intermittent neck pain at 4/10 that radiates into the right shoulder blade, numbness and tingling in both hands, right shoulder pain at 7/10, left elbow pain at 4/10, bilateral wrist/hand pain, mid back pain, low back pain, bilateral wrist pain with weakness and difficulty gripping, grasping, turning with repetitive movements, mid back pain at 2/10 and low back pain at 4/10. The physical exam findings included the injured worker to be uncomfortable lying down with her right leg extended and cervical spine tenderness and slight spasm. Medications included are Cooleeze and Gabapentin/Lidoderm/Aloe/Capsaicin/Menthol/Camphor patch. The treatment plan states the injured worker should continue taking medications on an as needed basis. Transdermal medication has been prescribed for symptomatic relief. The injured worker should continue post-operative physical therapy and to be re-evaluated in 4 to 6 weeks. The rationale for the request and request for authorization form are provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 Cooleeze (Menthol/Camphor Capsaicin/Hyaluronic acid 3.5%0.5% 0.006%0.2%G):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, May 2009.

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

**Decision rationale:** The injured worker has a history of left cubital & left carpal tunnel release and residuals of left elbow ulnar nerve decompression. The California Medical Treatment Utilization Schedule MTUS guidelines state topical medications are recommended only as an option in patients who have not responded or are intolerant to other treatments. Cooleeze is a topical agent that includes compounded medications that consist of Capsaicin, Menthol and Hyaluronic. Although, topical capsaicin has moderate to poor efficacy, it may be particularly useful in patients whose pain has not been controlled successfully with conventional therapy. However, the injured worker complained of numbness and tingling in both hands, left elbow pain, bilateral wrist/hand pain with weakness and difficulty gripping, grasping and turning with repetitive movements, guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended. Although, guidelines state Capsaicin is a recommended topical medication, there are no guidelines that provide evidence that is based on the recommendation that supports the use of Menthol and Hyaluronic as a topical agent. As such, the request for 120 Cooleeze (Menthol/Camphor, Capsaicin/Hyaluronic acid 3.5%, 0.5%, 0.006%, 0.2%G) is not medically necessary.

**120 Gabapentin/Lidoderm/Aloe/Capsaicin/Menthol/Camphor (Patch)**  
**10%2%.5%.025%10%5% gel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, May 2009.

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

**Decision rationale:** The request for 120 Gabapentin/Lidoderm/Aloe/Capsaicin/Menthol/Camphor (Patch) 10%2%.5%.025%10%5% Gel is not medically necessary. The injured worker has a history of left cubital & left carpal tunnel release and residuals of left elbow ulnar nerve decompression. The California Medical Treatment Utilization Schedule MTUS guidelines state topical medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical agents are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Gabapentin/Lidoderm/Aloe/Capsaicin/Menthol/Camphor patch is a topical agent that includes compounded medications that consist of Lidoderm, Capsaicin, Menthol and Camphor. Lidoderm is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy of failed antidepressants and anticonvulsants, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other

treatments. However, the injured worker complained of, numbness and tingling in both hands, left elbow pain, bilateral wrist/hand pain with weakness and difficulty gripping, grasping and turning with repetitive movements, guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended. Although, guidelines state Lidoderm and Capsaicin are recommended topical medications, there are no guidelines that provide evidence that is based on the recommendation that supports the use of Menthol and Camphor as a topical agent. As such, the request for 120 Gabapentin/Lidoderm/Aloe/Capsaicin/Menthol/Camphor (Patch) 10%2%.5%.025%10%5% Gel is not medically necessary.