

<b>Case Number:</b>	CM14-0158465		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	12/13/2012
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 54 year-old patient sustained an injury on 12/13/12 while employed by [REDACTED]. Request(s) under consideration include Topical Compound 120 Cooleeze (menth/camp/ cap/ hyalor acid 3.5% 0.5% 006% 0.2% gel w/ one refill and topical compound 120 gab/ lid/ aloe/ cap/ men/ cam (patch) 10%2%.5%.025%10%5% gel w/one refill. Diagnoses include Cervical discopathy; Lumbar discopathy; Cubital tunnel syndrome; Carpal tunnel syndrome; Double crush syndrome; Right shoulder impingement. Report of 5/13/13 from a provider noted the patient with chronic ongoing symptoms of left elbow pain and left hand numbness. Exam showed left hand with decreased grip strength; positive elbow flexion test; positive Tinel's/ Phalen's/ Durkan's compression tests; and diminished sensation in left median and ulnar nerve distributions. Conservative care has included medications, physical therapy, bracing, and modified activities/rest. AME (agreed medical exam) reexamination report of 5/19/14 noted patient with ongoing chronic left elbow, bilateral wrist/hand, mid back and low back pain that radiates down right hip and leg. Diagnoses include minor residuals of CTR (carpal tunnel release); left elbow residual ulnar nerve decompression; multilevel disc degeneration of lumbar spine; cervical spondylosis at C5-7; residuals of right shoulder decompression in 1996; left shoulder rotator cuff tendinitis; and sleep impairment. Future medical care should remain available for medications, short-courses of therapy for flare-ups without any additional surgeries anticipated. Report of 7/8/14 from the provider noted patient with intermittent left elbow/ wrist/ hand pain. Exam showed tenderness with intact stability, full sensation, full but painful range; negative Tinel's and Phalen's. Diagnoses include cubital and carpal tunnel syndrome with plan for medication refills. The request(s) for Topical Compound 120 Cooleeze (menth/camp/ cap/ hyalor acid 3.5% 0.5% 006% 0.2% gel w/ one refill and topical

compound 120 gab/ lid/ aloe/ cap/ men/ cam (patch) 10%2%.5%.025%10%5% gel w/one refill were non-certified on 9/4/14 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:

**120 Cooleeze (Menthol/Camphor/Capsaicin/Hyaluronic Acid 3.5% 0.5% 0.06% 0.2%) gel, with 1 refill:** 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:** This 54 year-old patient sustained an injury on 12/13/12 while employed by [REDACTED]. Diagnoses include Cervical discopathy; Lumbar discopathy; Cubital tunnel syndrome; Carpal tunnel syndrome; Double crush syndrome; Right shoulder impingement. Conservative care has included medications, physical therapy, bracing, and modified activities/rest. AME reexamination report of 5/19/14 noted patient with ongoing chronic left elbow, bilateral wrist/hand, mid back and low back pain that radiates down right hip and leg. Diagnoses include minor residuals of CTR; left elbow residual ulnar nerve decompression; multilevel disc degeneration of lumbar spine; cervical spondylosis at C5-7; residuals of right shoulder decompression in 1996; left shoulder rotator cuff tendinitis; and sleep impairment. Future medical care should remain available for medications, short-courses of therapy for flare-ups without any additional surgeries anticipated. Report of 7/8/14 from the provider noted patient with intermittent left elbow/ wrist/ hand pain. Exam showed tenderness with intact stability, full sensation, full but painful range; negative Tinel's and Phalen's. Diagnoses include cubital and carpal tunnel syndrome with plan for medication refills. The request(s) for Topical Compound 120 Cooleeze (Menthol/Camphor/Capsaicin/Hyaluronic Acid 3.5% 0.5% 0.06% 0.2% gel with 1 refill) was non-certified on 9/4/14. Per 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 compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2012 without documented functional improvement from treatment already rendered. The Topical Compound 120 Cooleeze (Menthol/Camphor/Capsaicin/Hyaluronic Acid 3.5% 0.5% 0.06% 0.2% gel with 1 refill) is not medically necessary and appropriate.

**120 Gabapentin/Lidocaine/Aloe/Capsaicin/Menthol/Camphor (Patch) 10%2%.5%.025%10%5% gel, with 1 refill:** 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:** This 54 year-old patient sustained an injury on 12/13/12 while employed by [REDACTED]. Diagnoses include Cervical discopathy; Lumbar discopathy; Cubital tunnel syndrome; Carpal tunnel syndrome; Double crush syndrome; Right shoulder impingement. Conservative care has included medications, physical therapy, bracing, and modified activities/rest. AME reexamination report of 5/19/14 noted patient with ongoing chronic left elbow, bilateral wrist/hand, mid back and low back pain that radiates down right hip and leg. Diagnoses include minor residuals of CTR; left elbow residual ulnar nerve decompression; multilevel disc degeneration of lumbar spine; cervical spondylosis at C5-7; residuals of right shoulder decompression in 1996; left shoulder rotator cuff tendinitis; and sleep impairment. Future medical care should remain available for medications, short-courses of therapy for flare-ups without any additional surgeries anticipated. Report of 7/8/14 from the provider noted patient with intermittent left elbow/ wrist/ hand pain. Exam showed tenderness with intact stability, full sensation, full but painful range; negative Tinel's and Phalen's. Diagnoses include cubital and carpal tunnel syndrome with plan for medication refills. The request(s) for Topical Compound 120 Topical Compound 120 Gabapentin/Lidocaine/Aloe/Capsaicin/Menthol/Camphor (Patch) 10%2%.5%.025%10%5% gel with 1 refill was non-certified on 9/4/14. Per 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 compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2012 without documented functional improvement from treatment already rendered. The Topical Compound 120 Topical Compound 120 Gabapentin/Lidocaine/Aloe/Capsaicin/Menthol/Camphor (Patch) 10%2%.5%.025%10%5% gel with 1 refill is not medically necessary and appropriate.