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| <b>Case Number:</b>   | CM14-0022618 |                              |            |
| <b>Date Assigned:</b> | 06/11/2014   | <b>Date of Injury:</b>       | 06/10/2004 |
| <b>Decision Date:</b> | 07/29/2014   | <b>UR Denial Date:</b>       | 01/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/24/2014 |

### 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 Internal Medicine, Pulmonary Diseases 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 injured worker is a 44-year-old male with a reported date of injury on 06/10/2004. The mechanism of injury was not provided within the documentation available for review. According to the clinical documentation, the injured worker presented with an orthopedic injury. Previous physical therapy, functional deficits and medication regimen were not provided within the documentation available for review. The injured worker's diagnoses included carpal tunnel syndrome, shoulder region and brachial neuritis. The request for authorization for Cooleze #120 and gabapentin 10% liquid #120 was submitted on 02/24/2014. The physician indicated that the injured worker cannot tolerate oral medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COOLEZE #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topical, Topical Analgesics Page(s): 105 & 111..

**Decision rationale:** The CA MTUS guidelines recommend topical analgesics as an option Although largely experimental in use with few randomized controlled trials to determine

effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, the guidelines recommend salicylate topicals. Topical salicylates are significantly better than placebo in chronic pain. The clinical information provided for review lacks documentation related to the injured worker's functional deficits to include range of motion values. There is a lack of documentation related to a failed trial of antidepressants and anticonvulsants. In addition, the request as submitted failed to provide frequency and specific site at which the Cooleze was to be utilized. Therefore, the request for Cooleze #120 is not medically necessary.

**GABAPENTIN 10% LIQUID #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS.

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

**Decision rationale:** The CA MTUS guidelines recommend topical analgesics as an option. Although largely experimental in use with few randomized controlled trials to determine effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines do not recommend gabapentin. The clinical information provided for review lacks documentation related to the injured worker's functional deficits to include range of motion values. In addition, there is a lack of documentation related to failed trials of antidepressants and anticonvulsants. Furthermore, the CA MTUS The guidelines do not recommend gabapentin. In addition, the request as submitted failed to provide frequency and specific site at which the gabapentin was to be utilized. Therefore, the request for gabapentin 10% liquid #120 is not medically necessary.