

<b>Case Number:</b>	CM14-0039213		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/16/1999
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 51 year old female who sustained an injury on 01/15/1999. The mechanism of injury is unknown. She has had intra-articular injections in the past to the right knee with significant relief of symptoms. According to the UR dated 03/14/2014, the patient presented with complaints of pain in the right knee and in the right foot. On exam, the right knee had swelling and pain in the anterior joint line space. The right foot was essentially unchanged with tenderness at the right anterolateral aspect and pain with terminal motion. It stated the patient was diagnosed with a history of status post right fifth metatarsal fracture and right ankle/foot sprain with plantar fasciitis. The medications listed below were requested on 03/06/2014. There are no other records for review other than what is mentioned on the UR. Prior utilization review dated 03/14/2014 states the requests for 120 Gabapentin 10% in capsaicin solution liq qty, 120 Cooleeze (menth/campcap/hyalor acid 3.5%0.5%.006%0.2% are not certified as guidelines do not support compounded medications that has at least one compounded that is not recommended is not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 Gabapentin 10% in capsaicin solution liq qty:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topical Analgesics.

**Decision rationale:** According to MTUS guidelines, Gabapentin is not recommended for topical application as there is no peer-reviewed literature to support its use. Medical records do not support an exception to this non-recommendation. Medical necessity is not established.

**120 Cooleeze (menth/campcap/hyalor acid 3.5%0.5%.006%0.2%): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topical Analgesics.

**Decision rationale:** According to MTUS and ODG guidelines, topical analgesics are primarily recommended for neuropathic pain when oral medications have failed, though there is little evidence to establish efficacy. In this case a request is made for a topical compound containing Menthol, Camphor, Capsaicin and Hyaluronic Acid. However, guidelines do not address Menthol, Camphor or Hyaluronic Acid. The Capsaicin concentration does not appear to be consistent with guideline recommendations for a 0.025% Capsaicin concentration. Medical necessity is not established.