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| <b>Case Number:</b>   | CM14-0039470 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 05/16/2011 |
| <b>Decision Date:</b> | 09/05/2014   | <b>UR Denial Date:</b>       | 03/26/2014 |
| <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 Physical Medicine and Rehabilitation, has a subspecialty in California 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 is a male patient with a date of injury of May 16, 2011. A utilization review determination dated March 26, 2014 recommends non-certification of Cooleeze (Menthol 3.5%/Camphor 0.5%/Capsaicin 0.006%/Hyalor acid 0.2%) Qty 120, and gabapentin 10% in capsaicin solution liquid qty 120. A progress note dated March 19, 2014 identifies subjective complaints of residual lower back pain with leg pain left greater than right, failed lumbar epidural injection, and failed physical therapy. Physical examination of the lumbar spine identifies tenderness to palpation, and positive spasms with decreased range of motion. There is documentation of a positive physical finding left greater than right, however the abbreviation is unclear. The diagnosis is lumbago. The treatment plan recommends a new MRI of the lumbar spine and medication refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cooleeze (Menthol/Camphor/Capsaicin/Hyalor acid 3.5%0.5%.006%0.2%), 120 count:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 OF 127.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Within the documentation available for review, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. As such, the request for Cooleeze (Menthol/Camphor/Capsaicin/Hyalor acid 3.5%0.5%.006%0.2%), 120 count, is not medically necessary or appropriate.

**Gabapentin 10% in Capsaicin Solution Liquid, 120 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for gabapentin 10% in capsaicin solution liquid qty 120, Chronic Pain Medical Treatment Guidelines state that topical gabapentin is not recommended. They went to state that there is no peer-reviewed literature to support its use. Regarding request for capsaicin liquid, guidelines state that it is recommended only as an option for patients who did not respond to, or are intolerant to other treatments. Within the documentation available for review, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy, and no documentation supporting the topical use of gabapentin as opposed to the FDA approved oral form. In the absence of clarity regarding those issues, the request for Gabapentin 10% in Capsaicin Solution Liquid, 120 count, is not medically necessary or appropriate.