

Case Number:	CM14-0041265		
Date Assigned:	06/30/2014	Date of Injury:	07/12/2010
Decision Date:	10/14/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/07/2014

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 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 51-year-old male who reported an injury on 07/12/2010 due to falling off the back of a truck and landing on his left elbow. Diagnosis was left elbow deep infection involving his radial head implant. Past treatments were physical therapy and spinal injections. Surgical history was left elbow open reduction and internal fixation. Diagnostic studies were MRI of the cervical spine, thoracic spine and lumbar spine. Physical examination on 03/10/2014 revealed the injured worker was treated apparently with a plate on his olecranon. He had evidence of having had a lateral ulnar collateral ligament repair. Examination revealed range of motion was significantly limited. Medications were Naproxen. Treatment plan was for Cooleeze Gel and gabapentin 10% in capsaicin solution. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cooleeze Gel and Gabapentin 10% in Capsaicin Solution: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Salicylates, Topical Capsaicin, Page(s): 28, 105 ,111. Decision based on Non-MTUS Citation drugs.com

Decision rationale: The decision for Cooleeze Gel and Gabapentin 10% in Capsaicin Solution is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate topical analgesics are largely experimental use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical guidelines recommend topical salicylates. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Per drugs.com, "hyaluronic acid is a natural substance found in all living organisms and provides volume and fullness to the skin." Cooleeze Gel, per documentation is menthol 3.5%/camphor 0.5%/capsaicin/hyaluronic acid 0.2% g. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. The medical guidelines do not support the use of capsaicin and compounded topical analgesics. Therefore, the request is not medically necessary.