

<b>Case Number:</b>	CM14-0045213		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/12/2009
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 52-year-old male who has submitted a claim for lumbar discopathy, carpal tunnel/double crush syndrome, internal derangement bilateral knees, and left foot drop with plantar fasciitis, associated with an industrial injury date of May 12, 2009. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 02/05/2014, showed constant low back pain radiating to the left lower extremity with numbness and tingling sensation. There was left knee pain. Recently, he has flare-up of his pain with his normal activities of daily living. Physical examination revealed tenderness at bilateral lateral epicondyle. There was pain with terminal flexion. There was positive palmar compression test. There was reproducible symptomatology in the median nerve distribution with a positive Tinel's, consistent with carpal tunnel syndrome. There was tenderness of the lumbar spine from mid to distal lumbar segments. There was pain with terminal motion. Seated nerve root test was positive. There was dysesthesia at the L5 and S1 dermatomes. There was weakness of the ankles and toes. There was tenderness at the left knee joint line. There was positive McMurray's sign. There was positive compression test. There was pain with terminal flexion. There was tenderness at the left foot plantar aspect. There was weakness of the left ankle and toes. There was left foot drop. Treatment to date has included right knee meniscus surgery and oral medications. Utilization review from 03/15/2014 denied the request for the purchase of Gabapentin 10% 120gm with 4 refills between 3/4/2014 and 8/11/2014 because the guidelines did not recommend Gabapentin for topical application. The request for Cooleeze gel 120gm with 4 refills between 3/4/2014 and 8/11/2014 was denied because there was little to no research to support the use of many topical medications and that any compounded product that contained at least one drug or drug class that was not recommended was not recommended.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10% 120gm with 4 refills:** Upheld

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

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

**Decision rationale:** Pages 111-113 in the CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The primary recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many these agents. Gabapentin is not supported as a topical formulation. In this case, the topical product was prescribed as adjuvant therapy for oral medications; however, Gabapentin is not recommended for topical use as stated above. Therefore, the request for Gabapentin 10% 120gm with 4 refills is not medically necessary.

**Cooleeze gel 120gm with 4 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics (Capsaicin, Topical) Page(s): 111-113, 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Salicylates.

**Decision rationale:** Cooleeze gel contained menthol, camphor, capsaicin, and hyaluronic acid. Pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The primary recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many these agents. CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the Official Disability Guidelines (ODG) Pain Chapter issued an FDA safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where menthol, methyl salicylate, or capsaicin were applied. The guidelines do not address Camphor and Hyaluronic Acid Gel. In this case, there is no discussion concerning intolerance to oral medications that may warrant topical drug formulation. The medical necessity was not established. Therefore, the request for Cooleeze gel 120gm with 4 refills is not medically necessary.

