

<b>Case Number:</b>	CM14-0073956		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/13/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Preventive 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:

According to the records made available for review, this is a 54-year-old female with a 12/13/12 date of injury. At the time (4/23/14) of the Decision for 120 m Cooleeze (MENT/CAMP CAP/HYALOR ACID) 3.5%, 0.5%, 0.006%, 0.2% with 2 refills and 120gm Gab/ Lid/ Aloe/ Cap/ Men/Cam (patch) gel 10%, 2%, 0.5%, 0.025%, 10%, 5% with 2 refills, there is documentation of subjective (left medial elbow pain that was 4/10; there was also numbness in the middle, ring, and small fingers) and objective (positive elbow flexion test, well healed scars at the dorsum of the right wrist and along the volar aspect of the right wrist, positive Tinel's, positive Phalen's, positive Durkan's compression, and diminished light touch in the left median and ulnar nerve distributions) findings, current diagnoses (Carpal Tunnel Syndrome), and treatment to date (physical therapy, activity limitation, and medication). Regarding 120gm Cooleeze (MENT/CAMP CAP/HYALOR ACID) 3.5%, 0.5%, 0.006%, 0.2% with 2 refills, there is no documentation that trial of antidepressants and anticonvulsants have failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 GM Cooleeze (MENT/CAMP CAP/HYALOR ACID) 3.5%, 0.5%, 0.006%, 0.2% with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines for use of topical medications for the wrist, forearm and hand and Capsaicin topical.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-112 Page(s): 111-112.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of diagnoses of Carpal Tunnel Syndrome. In addition, there is documentation of Neuropathic Pain. However, there is no documentation that trial of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for 120gm Cooleeze (MENT/CAMP CAP/HYALOR ACID) 3.5%, 0.5%, 0.006%, 0.2% with 2 refills is not medically necessary.

**120 gm Gab/ Lid/ Aloe/ Cap/ Men/Cam (patch) gel 10%, 2%, 0.5%, 0.025%, 10%, 5% with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Gabapentin Topicals, Lidoderm and Capsaicin.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that many agents are compounded as monotherapy or in combination for pain control; Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other Muscle Relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications also any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of Knee Pain and Pain in Limb. However, the requested 120 gm Gab/ Lid/ Aloe/ Cap/ Men/Cam (patch) gel 10%, 2%, 0.5%, 0.025%, 10%, 5% with 2 refills contains at least one drug (Gabapentin and Lidocaine in a gel) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for 120gm Gab/ Lid/ Aloe/ Cap/ Men/Cam (patch) gel 10%, 2%, 0.5%, 0.025%, 10%, 5% with 2 refills is not medically necessary.