

<b>Case Number:</b>	CM15-0046495		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	12/30/2001
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 65 year old female, who sustained a work/ industrial injury on 12/30/01. She has reported initial symptoms of bilateral elbow pain. The injured worker was diagnosed as having lateral epicondylitis of the right elbow, carpal tunnel syndrome, and cubital tunnel syndrome. Treatments to date included medication, surgery (lateral epicondylar release 2/2004 of left elbow), physical therapy, and chiropractic care. Currently, the injured worker complains of constant pain in the bilateral elbow with rating of 7/10. The treating physician's report (PR-2) from 12/4/14 indicated there was tenderness over the elbow about the lateral epicondyle. Cozen's sign was positive. Range of motion was painful. There was full sensation in the ulnar digits. There was tenderness over the volar aspect of the wrist, positive palmer compression test with subsequent Phalen's maneuver. Tinel's sign is positive over the carpal canal. Range of motion was painful. There is diminished sensation in the radial digits. Medications included Omeprazole, Cyclobenzaprine, Tramadol ER, Eszopclone (Lunesta). Treatment plan included Cooleeze gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cooleeze gel 120 gm (Menthol 2%, Camphor 5%, Capsaicin .006% Hyaluronic acid .2%):**  
 Upheld

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

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

**Decision rationale:** The patient presents with pain in bilateral elbows, bilateral hands and wrists, rated 7/10. The request is for COOLEEZ GEL 120 GM (MENTHOL 2%, CAMPHOR 5%, CAPSAICIN .006%, HYALURONIC ACID .2%). Physical examination on 02/05/15 to the elbow (side unspecified) revealed tenderness to palpation over the lateral epicondyle. Cozen's sign was positive. Physical examination to the wrist/hand revealed tenderness to palpation over the volar aspect of the wrist. Tinel's sign was positive. Per Request for Authorization form dated 01/18/15, patient's diagnosis includes elbow pain and lateral epicondylitis. Patient's medications, per 01/18/15 RFA include Omeprazole, Tramadol, Cyclobenzaprine and Eszopiclone. Patient's work status was not specified. MTUS, pg 111-113, Topical Analgesics state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is recommended at no higher than 0.025% concentration. "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." The treater does not discuss this medication. In this case, only two progress reports were provided. This topical contains Hyaluronic acid which is not discussed in any of the guidelines for topical use. MTUS p111 states that if one of the ingredients is not indicated, then the entire compound is not indicated. The request IS NOT medically necessary.