

<b>Case Number:</b>	CM13-0007321		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	11/14/2011
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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 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 patient is an employee of [REDACTED] and has submitted a claim for neck sprain / strain associated with an industrial injury date of 11/14/2011. Treatment to date has included acupuncture, use of a TENS unit, home exercise program, and medications namely, capsaicin cream, Flexeril, Relafen, Topamax, and famotidine. Medical records from 2013 were reviewed showing that patient complained of neck pain radiating to the right upper extremity, associated with headaches. She was able to continue working full-time, without restrictions, because of beneficial effects of her medications. Patient ambulated with one crutch and her right ankle was in a boot. Utilization review from 07/08/2013 denied the requests for capsaicin 0.75% cream due to lack of documentation of post-herpetic neuralgia, diabetic neuropathy, or post-mastectomy pain; Flexeril 7.5mg because it is not recommended for chronic pain; Topamax 100mg, and Topamax 25mg due to lack of evidence of neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: CAPSAICIN .075% CREAM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 111.

**Decision rationale:** As stated on page 111 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Page 28 states that capsaicin cream is recommended only as an option in patients who have not responded or are intolerant to other treatments. In this case, patient started to use capsaicin as early as January 2013. However, there is no evidence that the patient is intolerant or has failed other medical treatments necessitating the use of topical analgesics. The guideline criteria were not met. Therefore, the retrospective request for capsaicin 0.075% cream, Qty: 1 was not medically necessary.

**RETRO: FLEERERIL 7.5 #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**Decision rationale:** According to page 63 of the Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, Flexeril has been prescribed as early as January 2013 which exceeds the guideline recommendation as stated. Progress reports available for review did not show acute pain exacerbations as it appeared chronic in duration. Physical examination likewise did not provide evidence for presence of muscle spasm. The guideline criteria have not been met. Therefore, the request for Flexeril 7.5 mg, #90 was not medically necessary.

**RETRO: RELAFEN 500MG #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

**Decision rationale:** As stated on pages 67-68 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are useful in treating breakthrough and mixed pain conditions such as neuropathic pain, osteoarthritis, and back pain. NSAIDs are recommended as an option for short-term symptomatic relief for chronic low back pain. Review of literature suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. In this case, Relafen has been prescribed as early as January 2013. Patient reported relief of symptoms with associated functional gains upon intake of medications. However, Relafen is not recommended for long-term use. The medical necessity has not been established. Therefore, the retrospective request for Relafen 500mg, #90 was not medically necessary.

**RETRO: TOPAMAX 100MG, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

**Decision rationale:** As stated on pages 16-22 of the California MTUS Chronic Pain Medical Treatment Guidelines, anti-epilepsy drugs are recommended for neuropathic pain. Outcomes with at least 50% reduction of pain are considered good responses. The patient was prescribed with this medication as early as January 2013. Patient reported relief of headaches upon intake of Topamax. However, progress reports from March to May 2013 did not differ in terms of documenting that the patient still had occasional headaches. The reported response to therapy was not objectively quantified. Specific reduction in pain using a pain scale is significant in order to document a good response from Topamax, per the guidelines noted above. Therefore, the retrospective request for (Topamax) 100mg, #60 was not medically necessary.

**RETRO: TOPAMAX 25MG, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

**Decision rationale:** As stated on pages 16-22 of the California MTUS Chronic Pain Medical Treatment Guidelines, anti-epilepsy drugs are recommended for neuropathic pain. Outcomes with at least 50% reduction of pain are considered good responses. The patient was prescribed with this medication as early as January 2013. Patient reported relief of headaches upon intake of Topamax. However, progress reports from March to May 2013 did not differ in terms of documenting that the patient still had occasional headaches. The reported response to therapy was not objectively quantified. Specific reduction in pain using a pain scale is significant in order to document a good response from Topamax, per the guidelines noted above. Therefore, the retrospective request for (Topamax) 25mg, #60 was not medically necessary.