

<b>Case Number:</b>	CM13-0033216		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	09/03/1974
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, 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 least at 24 hours a week in active practice. The physician 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 64-year-old male with date of injury on 09/03/1974. Progress report dated 09/09/2013 by [REDACTED] indicates that the patient's diagnoses include: 1. Discogenic syndrome, lumbar. 2. Obesity. 3. Fibromyalgia. 4. Coronary artery disease. 5. Diabetes. 6. Lumbar facet arthropathy. 7. Muscle spasm. 8. Anxiety. 9. Depression. 10. Gallbladder disease. 11. Cellulitis. 12. Constipation. The patient continues with severe low back pain with radicular symptoms into the bilateral lower extremities, worse on the right. The treating physician reports that the patient had successful reduction of pain with an epidural block on 01/26/2011 and states that following the block, the patient was able to reduce the pain at rest down to a 0/10 with medication. Without medication, the pain is rated at a 9/10. The patient also utilizes topical creams as well as Lidoderm patch for pain relief. The treating physician indicates that the patient receives greater than 40% decrease in pain from topical treatments and helps to decrease oral medication use. The patient continues to have GI upset and constipation from medication use which is helped with the addition of Prevacid and Colace for constipation. Physical exam findings include bilateral leg pain on flexion at 35 degrees, low back pain on extension at 0 degrees. There was muscle spasm noted in the low back. The utilization review letter dated 09/18/2013 issued non-certification or modification for the following 5 medications: 1. Topical cream including capsaicin 0.0375%/menthol 10%/camphor 2.5%/tramadol 20%. 2. Prevacid 30 mg. 3. Zolofit 25 mg 4. 60 Lidoderm patches 5% with 5 refills 5. #30 Ryzolt 300 mg with refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.0375%/Menthol 10%/Camphor 2.5%/ Tramadol 20%/ Compound cream:**  
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:** The patient continues with low back pain and bilateral lower extremity pain. The treating physician indicates that the patient gets greater than 40% pain reduction with topical cream. However, the topical cream provided has ingredients that are not recommended by MTUS Guidelines. MTUS Guidelines page 111-113 states that any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Regarding capsaicin, MTUS specifically states that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increased over a 0.025% formulation provide any further efficacy. MTUS also does not have any discussion regarding topical compounding of Tramadol. Recommendation is for denial.

**Prevacid 30mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** The patient continues with chronic pain in the low back and bilateral lower extremities. The patient continues with GI symptoms secondary to medication use. Patient's records indicate that he is also taking Celebrex and the use of Prevacid has been helping with GI symptoms. MTUS page 69 regarding NSAIDs, GI symptoms, and cardiovascular risk states that treatment of dyspepsia secondary to NSAID therapy may include H2 receptor antagonists or a PPI. The addition of Prevacid to this patient's treatment regimen appears to be reasonable as the patient does experience GI symptoms with his medication use which is improved by this medication. Therefore, authorization is recommended.

**Zoloft 25mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** Patient appears to continue with the diagnoses of anxiety and depression. MTUS page 13 to 16 states that it has been suggested that the main role of SSRIs may be in

addressing psychological symptoms associated with chronic pain. This patient clearly has significant chronic pain and has been diagnosed with anxiety and depression which this medication is indicated for. Therefore, it is reasonable to continue this medication. Authorization is recommended.

**60 Lidoderm patches 5% 5 refills:** Overturned

**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:** The patient continues with low back pain with radicular symptoms into the bilateral lower extremities. The treating physician indicates that topical analgesics have provided this patient with greater than 40% improvement in his pain which has helped to decrease the amount of oral medications taken. MTUS page 111 through 113 regarding topical analgesics under title heading of lidocaine supports the use of lidocaine for treatment of neuropathic pain when used in the form of a dermal patch. This medication appears to be helpful for the patient and supported by the guidelines noted above. Therefore, authorization is recommended.