

<b>Case Number:</b>	CM13-0064646		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/10/2011
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 53-year-old male who reported an injury on 10/30/2012 secondary to lifting heavy machines. His diagnoses include cervical musculoligamentous injury, cervical radiculopathy, thoracic musculoligamentous injury, lumbar musculoligamentous injury, and right shoulder myoligamentous injury. According to the documentation submitted for review, the injured worker has been treated previously with physiotherapy, chiropractic therapy, massage, heat, ultrasound, traction, and analgesic medications. The injured worker was evaluated on 10/02/2013 and reported pain of unknown severity in the neck, mid back, low back, and shoulders bilaterally. On physical examination, it was noted that there was no bruising, swelling, atrophy, or a lesion present at any of the above-named anatomical sites. It was noted that the injured worker was right hand dominant. There were no other physical examination findings documented on that date. The injured worker was recommended to continue medications as prescribed. The medications dispensed were noted to include Restone 3/100 mg #30, 240 grams of a medical cream (containing flurbiprofen 20%, lidocaine 10%, dexamethasone 4%), 240 grams of a medical cream (containing capsaicin 0.0375%, diclophenac 20%, tramadol 10%, ketoprofen 10%, camphor 2%, menthol 2%), omeprazole 20 mg #60, Cartivisc 500/200/150 mg #90, naproxen 500 mg #60, and ibuprofen 800 mg #60. The injured worker was also recommended for a urine drug screen to rule out medication toxicity. The documentation submitted for review failed to provide a Request for Authorization form.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **RETROSPECTIVE REQUEST FOR CAPSAICIN #30 DOS:10/2/13: 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** According to the clinical note dated 10/02/2013, the injured worker reported neck, back, and shoulder pain. There were no pertinent physical examination findings noted. The injured worker was recommended to continue with medications as prescribed. Capsaicin is a topical analgesic. The Chronic Pain Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. These guidelines recommend capsaicin only as an option for injured workers who have not responded or are intolerant to other treatments. The medical records submitted for review failed to indicate the injured worker has been unresponsive or intolerant to other treatments. Additionally, the documentation submitted for review fails to indicate the duration of treatment with capsaicin. There is a lack of documented evidence to indicate quantifiable pain relief and functional improvement with the injured worker's use of capsaicin. Therefore, it is unclear that the injured worker would benefit from continued use of capsaicin. Furthermore, the clinical note provided for the requested date of service indicates that the injured worker was using a compounded topical medication to include capsaicin 0.0375%, diclophenac 20%, tramadol 10%, ketoprofen 10%, camphor 2%, and menthol 2%. The guidelines state that there is no current indication for the use of capsaicin beyond a 0.025% formulation. The guidelines further state that any compounded product that contains at least one (1) drug or drug class that is not recommended is not recommended. Therefore, the use of a topical compounded product containing capsaicin 0.0375% is not currently supported by the evidence-based guidelines. Additionally, the request as written is for a capsaicin quantity of 30. The actual requested quantity of medication is unclear as the topical product is supplied in grams. Based on the guideline recommendations for the formulation of capsaicin, and in the absence of recent medical records to support the treatment with capsaicin, the necessity of capsaicin for the date of service 10/02/2013 has not been established. As such, the retrospective request for capsaicin #30 date of service 10/02/2013 is not medically necessary.

## **RETROSPECTIVE REQUEST FOR AMITRIPTYLINE #30 DOS:10/2/13: 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 Antidepressants for chronic pain Page(s): 13-15.

**Decision rationale:** According to the clinical note dated 10/02/2013, the injured worker reported pain of unknown severity in the neck, back, and shoulders bilaterally. No pertinent physical examination findings were noted. On that date, the injured worker was recommended to continue with medications as prescribed. Amitriptyline was not included in the documentation of

medications dispensed on that date. The medical records submitted for review failed to indicate the duration of treatment with amitriptyline. The Chronic Pain Guidelines recommend tricyclic antidepressants, such as amitriptyline as a first line treatment for neuropathic pain. These guidelines state that the lowest effective dose of amitriptyline should be used, and that the final dose should be dependant on efficacy and the injured worker's tolerability to side effects. The clinical note on the date of the requested service failed to indicate subjective reports of neuropathic pain. There is also a lack of documented evidence to indicate quantifiable pain relief and objective functional improvement with the injured worker's use of amitriptyline. Furthermore, the request as written does not include a dose or frequency. Therefore, it is unclear that the requested medication is supported by the evidence-based guidelines for amitriptyline dosing, and it cannot be determined that the requested medication is dependant upon medication efficacy. As such, the retrospective request for amitriptyline #30 date of service 10/02/2013 is not medically necessary.