

<b>Case Number:</b>	CM14-0015020		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	11/14/2011
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Family Medicine, and is licensed to practice in Arizona. 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 a 63 year old female with a date of injury of 11/14/11. The patient has been treated for symptoms of chronic neck pain, right upper extremity pain, and headaches. Subjective complaints are of bilateral hand pain and headaches that have decreased to two per month with improved range of motion to the neck and shoulder. The current physical exam only states that the patient is in no distress, is alert, and ambulates without assistance. Medications include nabumetone, capsaicin, gabapentin, and flexeril. Prior treatments include acupuncture, TENS, and exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE CAPSAICIN .075% CREAM #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend capsaicin only as an option in patients who have not responded or are intolerant to other treatment. Capsaicin is generally available as a 0.025% over-the-counter formulation as a

treatment for osteoarthritis and as a 0.075% formulation primarily for post-herpetic neuralgia, diabetic neuropathy, and post-mastectomy pain. There is no current indication that an increase over a 0.025% formulation would provide any further efficacy. Furthermore, there is no evidence that patient is intolerant to other treatment options. Therefore, the medical necessity for capsaicin is not established.

**FLEXERIL (CYCLOBENZAPRINE) 7.5MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 41-42.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines indicate that the use of Cyclobenzaprine should be used as a short term therapy, that the effects of treatment are modest, and may cause adverse affects. This patient had been using a muscle relaxer chronically, which is longer than the recommended course of therapy of 2-3 weeks. There is no evidence in the documentation that shows evidence of muscle spasm or that the patient experienced improvement with the ongoing use of Cyclobenzaprine. Due to clear guidelines suggesting Cyclobenzaprine as short term therapy, and due to no clear benefit from this medication, the requested prescription for Cyclobenzaprine is not medically necessary.