

<b>Case Number:</b>	CM14-0017568		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	07/01/2005
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 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 has submitted a claim for left lateral epicondylitis, complex regional pain syndrome (CRPS) of the left upper extremity, and cervical myofascial pain associated with an industrial injury date of 07/01/2005. The treatment to date has included left extensor carpi radialis brevis release in 2006, radial nerve release and radial tunnel surgery in 2007, home exercise program, and medications including Flexeril, capsaicin cream, gabapentin, Wellbutrin, Voltaren, Lamictal, and ketoprofen. The utilization review from 01/13/2014 denied the requests for Flexeril 10mg because of lack of evidence of presence of muscle spasm; and capsaicin 0.025% cream since topical analgesics are considered highly experimental without proven efficacy. The medical records from 2013 to 2014 were reviewed showing that patient complained of persistent pain in the left hand aggravated upon lifting objects. The patient likewise complained of sleep disturbance. Physical examination showed left hand guarding. Gait was non-antalgic. The patient was able to sit for 15 minutes without limitations or evidence of pain. The patient had normal affect with good eye contact.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL 10MG, QTY: 180.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

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

**Decision rationale:** According to 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 July 2013 which exceeds the guideline recommendation as stated. The most recent progress report available cited no acute exacerbations as the pain 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 10 mg, #180, is not medically necessary.

**CAPSAICIN 0.025% CREAM, QTY: 1.00:** 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 Page(s): 28, 111.

**Decision rationale:** As stated in 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. The MTUS also 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, the patient reported that capsaicin cream provided pain relief. There is no evidence that the patient has failed other medical treatments necessitating the use of this medication. Furthermore, she is likewise being prescribed with Dendracin cream which contains methyl salicylate, capsaicin, and menthol USP. There is no discussion as to why two topical analgesics that both contain capsaicin should be used simultaneously. Therefore, the request for capsaicin 0.025% cream, Qty: 1, is not medically necessary.