

<b>Case Number:</b>	CM14-0126567		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	04/21/2008
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 and is licensed to practice in Massachusetts. 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:

According to the documents available for review, the patient is a 40 year old male. The date of injury is April 21st 2008. The patient sustained an injury to the lumbar spine and sacrum. The specific mechanism of injury was not elaborated on in the notes available for review. The patient's current diagnoses include, chronic pain, disorder of the sacrum, headache, lumbar strain sprain and other pain disorder related psychological factors. The patient is currently being treated with a multimodal pain medication regimen including naproxen - Anaprox and capsaicin cream. A request for naproxen - Anaprox and capsaicin cream was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen-Aanaprox DS 550MG X 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 67, 70-73.

**Decision rationale:** According to the California Medical Treatment Utilization Schedule (MTUS) Anti-inflammatories is the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-

Cochrane, 2000) Recommended with cautions below. Disease-State Warnings for all non-steroidal anti-inflammatory drugs (NSAIDs): All NSAIDs have [U.S. Boxed Warning]: for associated risk of adverse cardiovascular events, including, MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs should never be used right before or after a heart surgery (CABG - coronary artery bypass graft). NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment (FDA Medication Guide). See NSAIDs, GI Symptoms and Cardiovascular Risks. Other disease-related concerns(non-boxed warnings): Hepatic: Use with caution in patients with moderate hepatic impairment and not recommended for patients with severe hepatic impairment. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. Renal: Use of NSAIDs may compromise renal function. FDA Medication Guide is provided by FDA mandate on all prescriptions dispensed for NSAIDs. Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. Overall Dosing Recommendation: It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. According to the documents available for review, it appears that the patient is taking this medication for long-term therapy of a chronic condition. Given the increased risks associated with long-term use of this medication and no documented evidence that the lowest possible dose is being used for the shortest period of time, the requirements for treatment have not been met and medical necessity has not been established.

**Capsaicin 0.075% Cream X 1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Page(s): 28-29.

**Decision rationale:** According to the California Medical Treatment Utilization Schedule (MTUS), Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The number needed to treat in musculoskeletal conditions was 8.1. The number needed to treat for neuropathic conditions was 5.7. (Robbins, 2000) (Keitel, 2001) (Mason-BMJ, 2004). The results from this RCT support the beneficial effects of 0.025% capsaicin cream as a first-line therapy for Osteoarthritis pain. (Altman, 1994). Mechanism of action: Capsaicin, which is derived from chili peppers, causes vasodilation, itching, and burning when applied to the skin. These actions are attributed to binding with nociceptors, which causes a period of enhanced sensitivity followed by a refractory period of reduced sensitivity. Topical

capsaicin is superior to placebo in relieving chronic neuropathic and musculoskeletal pain. Capsaicin produces highly selective regional anesthesia by causing degeneration of capsaicin-sensitive nociceptive nerve endings, which can produce significant and long lasting increases in nociceptive thresholds (Maroon, 2006). According to the documents available for review, there is no specific indication that the patient has not responded to the current oral regimen or is intolerant to current oral regimen. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.