

<b>Case Number:</b>	CM14-0136686		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Occupational Medicine, 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:

Patient is a 57-year-old male who has submitted a claim for lumbar degenerative disc disease, and left second finger sprain/strain associated with an industrial injury date of 9/13/2012. Medical records from 2013 to 2014 were reviewed. Some of the progress reports were handwritten and somewhat illegible. Patient complained of lumbosacral pain, rated 5/10 in severity, radiating to the lower extremity, associated with numbness and tingling sensation. Patient likewise reported pain at the second digit of left hand, rated 4/10 in severity. Physical examination of the lumbar spine showed tenderness and muscle spasm. Kemp's test was positive bilaterally. Straight leg raise test was negative. Urine drug screen from 2/19/2014 showed undetected levels of medications. Treatment to date has included acupuncture, physical therapy, and medications such as topical creams, cyclobenzaprine, naproxen, and omeprazole (since April 2014). Utilization review from 8/5/2014 denied the requests for capsaicin patch and Methoderm (Methyl) Salicylate 15%/ Menthol 10%) 360gm Gel because of lack of published studies concerning its efficacy and safety; denied medical legal evaluation because there was no clear rationale and explanation for this request; denied Cyclobenzaprine 5mg #90 because there was no documentation of muscle spasm; denied Naproxen 550mg #60 because of no objective evidence of functional improvement; denied Infrared, Electrical Acupuncture for 15 minutes 2-3 times per week for 4 weeks because it was unclear if patient had previously tried and benefited from acupuncture; and denied omeprazole because of no gastrointestinal complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin Patch: 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 Page(s): 28-29.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option if there was failure to respond or intolerance to other treatments. The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. In this case, patient has been prescribed capsaicin since April 2014. However, there was no evidence of failure or intolerance to other medications. Moreover, there was no discussion concerning symptom relief and functional improvement from medication use. The request likewise failed to specify capsaicin formulation and quantity to be dispensed. Therefore, the request for capsaicin patch is not medically necessary.

**Menthoderm -Methyl Salicylate 15%/ Menthol 10% 360gm Gel: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate; Topical Analgesics Page(s): 105; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Topical Salicylates

**Decision rationale:** Page 111 of CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Menthoderm gel contains methyl salicylate and menthol. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, or methyl salicylate, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. In this case, Menthoderm gel was prescribed as adjuvant therapy to oral medications. However, the requested Menthoderm has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. There is no compelling indication for this request. Therefore, the request for Menthoderm Gel is not medically necessary.

**Medical legal evaluation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Evaluation & Management

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127

**Decision rationale:** As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, medical records submitted and reviewed failed to provide an indication for this request. The medical necessity cannot be established due to insufficient information. Therefore, the request for medical legal evaluation is not medically necessary.

**Cyclobenzaprine 5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

**Decision rationale:** According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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, the patient has been on cyclobenzaprine since April 2014. However, there was no documentation concerning pain relief and functional improvement derived from its use. Although the most recent physical exam still showed evidence of muscle spasm, long-term use of muscle relaxant was not recommended. Therefore, the request for Cyclobenzaprine 5mg, #90 is not medically necessary.

**Naproxen 550mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 46.

**Decision rationale:** As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on Naproxen since April 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. Therefore, the request for Naproxen 550mg, #60 is not medically necessary.

**Infrared, electrical acupuncture for 15 minutes 2-3 times per week for 4 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Infrared Therapy Page(s): 57.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines on page 57 states that low-level laser therapy, i.e., infrared laser, is not recommended. CA MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. It may be extended if functional improvement is documented. In this case, patient has received acupuncture treatment in the past; however, the exact number of visits is not documented in the medical records submitted. There is no documentation stating the pain reduction, functional improvement or decreased medication-usage associated with the use of acupuncture. There is likewise no discussion concerning the need to provide infrared therapy in this case. Moreover, body part to be treated is not specified. Therefore, the request for Infrared, electrical acupuncture for 15 minutes 2-3 times per week for 4 weeks is not medically necessary.

**Omeprazole:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms, and cardiovascular risk Page(s): 68.

**Decision rationale:** As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on Omeprazole since April 2014. However, there is no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Furthermore, patient does not meet any of the aforementioned risk factors. The guideline criteria are not met. The request likewise failed to specify quantity to be dispensed. Therefore, the request for Omeprazole is not medically necessary.