

Case Number:	CM14-0025818		
Date Assigned:	06/13/2014	Date of Injury:	12/18/1993
Decision Date:	07/15/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine & Rehabilitation, 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:

This 67 year-old patient sustained an injury on 12/18/1993 while employed by the [REDACTED]. Request(s) under consideration include 1 Prescription Of Capsaicin 0.025% Topical Cream, 1 Prescription Of Lidoderm 5% 700mg/Patch, And 1 Prescription Of Hydrocodone 7.5 Mcg-Acetaminophen 325. Diagnoses include cervical spondyloses. Report of 1/15/14 from the provider noted wrists still painful rated at 5/10 with chronic neck and upper extremity pain. Exam showed tenderness to cervical spine and back; decreased range of motion; normal bulk and tone of both upper and lower extremities bilaterally; decreased wrists range; 1cm dorsal right wrist ganglion painful to palpation and enlarged left wrist ganglion; chronic Baker's cyst. Medications were refilled. Request(s) for 1 prescription of capsaicin 0.025% topical cream and 1 prescription of Lidoderm 5% 700mg/patch were non-certified and 1 Prescription Of Hydrocodone 7.5 Mcg-Acetaminophen 325 was modified for #180 on 2/18/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF CAPSAICIN 0.025% TOPICAL CREAM: Upheld

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

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

Decision rationale: This 67 year-old patient sustained an injury on 12/18/1993 while employed by the [REDACTED]. Request(s) under consideration include 1 prescription of capsaicin 0.025% topical cream, 1 prescription of lidoderm 5% 700mg/patch, and 1 prescription of hydrocodone 7.5 mcg- Acetaminophen 325. Diagnoses include cervical spondyloses. Report of 1/15/14 from the provider noted wrists still painful rated at 5/10 with chronic neck and upper extremity pain. Exam showed tenderness to cervical spine and back; decreased range of motion; normal bulk and tone of both upper and lower extremities bilaterally; decreased wrists range; 1cm dorsal right wrist ganglion painful to palpation and enlarged left wrist ganglion; chronic Baker's cyst. Medications were refilled. Guidelines support topical Capsaicin 0.025% formulation in patients with osteoarthritis, fibromylgia, and chronic non-specific back pain, but is considered experimental in higher formulated doses; however, criteria not met in this case diagnoses of such. Additionally, per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 1993 without documented functional improvement from treatment already rendered. The 1 prescription of capsaicin 0.025% topical cream is not medically necessary and appropriate.

1 PRESCRIPTION OF LIDODERM 5% 700MG/PATCH: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Page(s): 111-113.

Decision rationale: This 67 year-old patient sustained an injury on 12/18/1993 while employed by the [REDACTED]. Request(s) under consideration include 1 prescription of capsaicin 0.025% topical cream, 1 prescription of lidoderm 5% 700mg/patch, and 1 prescription of hydrocodone 7.5 mcg- acetaminophen 325. Diagnoses include cervical spondyloses. Report of 1/15/14 from the provider noted wrists still painful rated at 5/10 with chronic neck and upper extremity pain. Exam showed tenderness to cervical spine and back; decreased range of motion; normal bulk and tone of both upper and lower extremities bilaterally; decreased wrists range; 1cm dorsal right wrist ganglion painful to palpation and enlarged left wrist ganglion; chronic Baker's cyst. Medications were refilled. Guidelines support topical Capsaicin 0.025% formulation in patients with osteoarthritis, fibromylgia, and chronic non-specific back pain, but is considered experimental in higher formulated doses. The patient exhibits diffuse tenderness and pain on the

exam to the spine and extremities with chronic symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered for this 1993 injury, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The 1 Prescription Of Lidoderm 5% 700mg/Patch is not medically necessary and appropriate.

1 PRESCRIPTION OF HYDROCODONE 7.5 MCG-ACETAMINOPHEN 325: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This 67 year-old patient sustained an injury on 12/18/1993 while employed by the [REDACTED]. Request(s) under consideration include 1 prescription of capsaicin 0.025% topical cream, 1 prescription of lidoderm 5% 700mg/patch, and 1 prescription of hydrocodone 7.5 mcg- acetaminophen 325. Diagnoses include cervical spondyloses. Report of 1/15/14 from the provider noted wrists still painful rated at 5/10 with chronic neck and upper extremity pain. Exam showed tenderness to cervical spine and back; decreased range of motion; normal bulk and tone of both upper and lower extremities bilaterally; decreased wrists range; 1cm dorsal right wrist ganglion painful to palpation and enlarged left wrist ganglion; chronic Baker's cyst. Medications were refilled. Request(s) for 1 Prescription Of Hydrocodone 7.5 Mcg-Acetaminophen 325 was modified for #180 on 2/18/14 citing guidelines criteria and lack of medical necessity. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The 1 Prescription Of Hydrocodone 7.5 Mcg-Acetaminophen 325 is not medically necessary and appropriate.

