

<b>Case Number:</b>	CM14-0075979		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	04/24/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Neurology, has a subspecialty in Neuro-oncology and is licensed to practice in Texas, Massachusetts, and Ohio. 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 injured worker is a 40-year-old male who reported an injury on 04/24/2012 who sustained an injury while working as a plumber. The injured worker complained of lower back pain that radiated to his buttocks. The injured worker had a diagnosis of lumbosacral spine musculoligamentous sprain/strain, left wrist musculoligamentous sprain/strain, and left wrist carpal tunnel and Guyon's canal syndrome. Past treatment included medication and electrodiagnostic testing. The physical findings dated 01/23/2014 of the lumbosacral spine revealed paravertebral muscle spasm with tenderness bilaterally over the lumbosacral spine. Muscle guarding was present and there was asymmetric loss of range of motion with flexion. The supine straight leg raise examination was negative bilaterally with a negative Lasgue's maneuver. The neurological examination revealed 5/5 throughout the major muscle groups. The Jamar grip strength revealed a right/ left 100, 90 pounds. The decreased light sensation to the ulnar nerve distribution of the left hand 2 point distribution was intact to the upper extremities bilaterally. Deep tendon reflexes were 1+, 1+ bilaterally. Medications were not available for review. The treatment plan included capsaicin 180 grams, pantoprazole 20 mg, Ultracet 7.5 mg, and gabapentin 6%/ketoprofen 10%/Lidoderm 5% 180 grams. The request for authorization dated 09/03/2014 was submitted within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 180 gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for capsaicin 180 grams is not medically necessary. The California MTUS recommends capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. 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 clinical notes do not indicate any medications the injured worker was taking or the efficacy of the medications. There was no well measurable efficacy. There is no evidence that the injured worker had not tolerated his medications. The request did not indicate the frequency, duration, or the route. As such, the request is not medically necessary.

**Pantoprazole 20mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): 68-69.

**Decision rationale:** The request for Pantoprazole 20mg #30 is not medically necessary. The California MTUS indicate that Non-steroidal anti-inflammatory agents per Package inserts it is recommended to perform 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. Determine risk factors for history of peptic ulcer, GI bleeding or perforation. Per the documentation provided, no CBC or chemistry profile was evident in the documentation that included a liver and renal functional testing. The injured worker did not have a diagnosis of gastrointestinal problems. No history of peptic ulcers. The request did not indicate the frequency. The clinical notes were not evident of any medications the injured worker was taking. As such, the request is not medically necessary.

**Ultracet 37.5mg #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol and Ongoing management Page(s): 82, 93, 94, 113, and 78.

**Decision rationale:** The request for Ultracet 37.5mg #100 is not medically necessary. The California MTUS states Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical notes did not indicate the adverse side effects or aberrant drug taking behavior. The clinical note was not evident of any current medications. The request did not address the frequency. As such, the request is not medically necessary.

**Gabapentin6%/ Ketoprofe10%/ Lidoderm 5% 180 mg:** Upheld

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

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

**Decision rationale:** The request for Gabapentin6%/ Ketoprofe10%/ Lidoderm 5% 180 mg is not medically necessary. The CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. As such, the request is not medically necessary. Gabapentin is not recommended. There is no peer-reviewed literature to support use. The guidelines do not recommend Gabapentin. The Request did not address the frequency or dosage. As such, the request is not medically necessary.