MAXIMUS Federal Services

Case Number:	CM14-0086903		
Date Assigned:	07/23/2014	Date of Injury:	03/10/2011
Decision Date:	09/08/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/09/2014

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:

The patient is 47-year-old female who has submitted a claim for lumbar and cervical disc displacement without myelopathy associated from an industrial injury date of March 10, 2011.Medical records from 2014 were reviewed, the latest of which dated July 16, 2014 revealed that on physical examination, the patient's gait was antalgic. On the visit note dated June 18, 2014, the patient reports that he is having increase neck and back pain. Treatment to date has included cervical and lumbar epidural steroid injections, and medications, which include Norco, Morphine sulfate, Opana, Cymbalta, Wellbutrin, Lodine, ibuprofen, Lidoderm patch, Trazodone, Buprenorphine, Prozac, Relafen, Norflex ER, Cyclobenzaprine, Gabapentin and Capsaicin cream. In a utilization review from June 2, 2014 denied the retrospective requests for Capsaicin 0.75% cream QTY: 1 and Gabapentin 600mg QTY: 120 because the patient lacks a neuropathic pain diagnosis, history of nerve injury or documentation of symptoms of signs consistent with neuropathic pain, and denied the retrospective request for Cyclobenzaprine 7.5mg QTY: 90 because the usage has exceeded the 3 week time frame.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO Capsaicin 0.75% cream QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x Capsaicin, pages 28-29; Topical Analgesics, pages 112-113 Page(s): 112-113.

Decision rationale: As stated on pages 28-29 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. 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. In addition, capsaicin in anything greater than a 0.025% formulation is not recommended for topical applications. The patient has been on Capsaicin cream since April 2014 for neuropathic pain. The patient noted pain relief and functional improvement derived from its use. Also, the patient has tried several oral analgesics with significant side effects. However, there is no subjective or objective finding that would indicate neuropathic pain in this patient. Furthermore, the requested formulation exceeds guideline recommendation of less than 0.025%. Therefore, the retrospective request for Capsaicin 0.75% cream QTY: 1 is not medically necessary.

RETRO Gabapentin 600mg QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x Anti-epileptic drugs, pages 16-18; Gabapentin, page 49 Page(s): 16-18 49.

Decision rationale: As stated on pages 16-18 and 49 of the CA MTUS Chronic Pain Medical Treatment Guidelines, gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The patient has been on gabapentin since April 2014 for neuropathic pain. The patient noted pain relief and functional improvement derived from its use. However, there is no subjective or objective finding that would indicate neuropathic pain in this patient. Therefore, the request for Gabapentin 600mg QTY: 120 is not medically necessary.

RETRO Cyclobenzaprine 7.5mg QTY: 90: Upheld

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

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

Decision rationale: As stated on pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is a sedating muscle relaxant recommended for a short course of therapy, with its effect greatest in the first 4 days of treatment. The patient has been on cyclobenzaprine since April 2014 for acute flare ups of muscle spasm. The patient reported flare up of pain after a recent trip. However, the patient is on NSAIDs and there is no clinical finding that supports adjunct treatment with cyclobenzaprine. Furthermore, there is no subjective or

objective finding that would indicate muscle spasm in this patient. Therefore, the request for Cyclobenzaprine 7.5mg QTY: 90 is not medically necessary.