MAXIMUS Federal Services

| Case Number: | CM13-0027222 | | |
|---|---|---|---|
| Date Assigned: | 06/27/2014 | Date of Injury: | 06/27/2000 |
| Decision Date: | 02/27/2015 | UR Denial Date: | 09/04/2013 |
| Priority: | Standard | Application Received: | 09/20/2013 |

## 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabn

## 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 a 55 year old male with an injury date of 06/27/00. As per progress report dated 08/14/13, the patient complains of sharp and continuous pain in lower back, bilateral legs and feet, right greater than left. Physical activity worsens the pain while rest, ice, moist heat, and medications help improve it. The pain is rated at 10/10 without medications and 3/10 with medications. It was rated 7/10 during the visit. The patient has history of hypertension, type I diabetes, and asthma. Physical examination, as per progress report dated 06/19/13, reveals tenderness to palpation in the thoracic and lumbosacral paraspinals and sciatic notch. Range of motion of the lumbosacral spine is limited with forward flexion at 40 degrees, hyperextension at 5 degrees, and bilateral lateral bending at 10 degrees. Straight leg raise is positive in the left. There is decreased sensation in left L4, decreased left L5, and decreased left S1. There is also tenderness over the AC joint and impingement of shoulder along with subacromial bursitis and painful range of motion. The patient has tried physical therapy, chiropractor treatments, and epidural steroid injection, as per progress report dated 08/14/13. Medications, as per the same report, include MS Contin, Norco, Fexmid, Trazodone and Medi-Derm. The patient's work status has been determined as permanent and stationary, as per progress report dated 08/14/13.Diagnoses, 08/14/13:- Postlaminectomy syndrome, lumbar region- Degenerative lumbar/lumbosacral intervertebral disc- Lumbago- Thoracic/lumbosacral neuritis/radiculitis unspecified- Pain in joint, shoulder region- Long-term use of other medicationsThe utilization review determination being challenged is dated 09/04/13. Treatment reports were provided from 10/24/11 & 08/14/13.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Medi-derm 0.035-520 percent cream:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical compounded creams, Capsaicin Page(s): 111, 29.

**Decision rationale:** The patient presents with sharp and continuous pain in lower back, bilateral legs and feet, right greater than left, as per progress report dated 08/14/13. The request is for MEDI-DERM 0.035 5-20 PERCENT CREAM. The pain is rated at 10/10 without medications and 3/10 with medications. It was rated 7/10 during the visit, as per the same progress report. Regarding Capsaicin, MTUS guidelines state that they are recommended only as an option in patients who have not responded or are intolerant to other treatments. Additionally, MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS p29 states for Capsaicin, "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." Topical NSAIDs are indicated for periheral joint arthritis/tendinits. Medi-derm cream contains methyl salicylate, menthol and capsaicin. The first prescription for the topical formulation was noted in progress report dated 01/24/13, and the patient has been receiving the medication consistently at least since then. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis and the patient does present with some feet issues. The treater, however, does not discuss how the cream is being is used, where and with what efficacy. Furthermore, Capsaicin is not recommended at doses higher than 0.025% and this product contains 0.035% capsaicin. The request IS NOT medically necessary.

**Fexmid 7.5mg 1 po q8-12 prn #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient presents with sharp and continuous pain in lower back and bilateral legs and feet, right greater than left, as per progress report dated 08/14/13. The request is for FEXMID 7.5 mg I PO Q 8-12 PRN # 90. The pain is rated at 10/10 without medications and 3/10 with medications. It was rated 7/10 during the visit, as per the same progress report.

MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalonemetaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): recommended for a short course of therapy." In this case, a prescription for Fexmid was first noted in progress report dated 01/24/13. The patient has used the medication consistently at least since then. In progress report dated 06/19/13, the treater states that medication is for spasms. In progress report dated 08/14/13, the treater states that pain goes down from 10/10 to 3/10 with the use of medications. The treater also states that the medications are keeping the patient functional, allowing for increased mobility, and tolerance of ADLs and home exercises. However, this documentation of reduction in pain or improvement in function is not specific to Fexmid. Additionally, MTUS only recommends short-term use of muscle relaxants. Hence, this request IS NOT medically necessary.