

<b>Case Number:</b>	CM14-0192319		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	04/26/2013
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Anesthesiology, has a subspecialty in Acupuncture & Pain 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:

47y/o female injured worker with date of injury 4/26/13 with related low back, bilateral shoulder, bilateral wrist, left hip, and left knee pain. Per progress report dated 3/27/14, she also complained of depression and sleep disturbance. Per physical exam of the lumbar spine, there was tenderness to palpation with palpable spasm over the paraspinal muscles. There was restricted range of motion. There was tenderness to palpation and restricted range of motion of the bilateral shoulders, bilateral wrists, left hip, and left knee. Treatment to date has included physical therapy, manipulative therapy, injections, and medication management. The date of UR decision was 11/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for tramadol, gabapentin, menthol, camphor and capsaicin cream:** 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): 25, 60, 111-113.

**Decision rationale:** Per MTUS guidelines on page 113 with regard to topical gabapentin: "Not recommended. There is no peer-reviewed literature to support use." Capsaicin may have an

indication for chronic lower back pain in this context. Per MTUS page 112 "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." However, the CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of tramadol, menthol, or camphor. Per the MTUS guidelines on page 111, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS states on page 60, "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." As such, this request is not medically necessary.

### **1 Prescription for Flurbiprofen and cyclobenzaprine cream: 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): 112, 113, 60.

**Decision rationale:** Per MTUS guidelines regarding Flurbiprofen on page 112, "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Flurbiprofen may be indicated. Per MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics on page 113, "There is no evidence for use of any other muscle relaxant as a topical product. (Regarding baclofen, which is also not recommended)" Cyclobenzaprine is not indicated. Regarding the use of multiple medications, MTUS guidelines states on page 60, "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." As such, this request is not medically necessary.

