

Case Number:	CM14-0198188		
Date Assigned:	12/08/2014	Date of Injury:	10/09/1999
Decision Date:	01/23/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/25/2014

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 Internal 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 injured worker is a 61-year-old man with a date of injury of October 9, 1999. The mechanism of injury was documented as a cumulative trauma. The current diagnoses include lumbar disc displacement without myelopathy; spondylosis lumbosacral; neck pain; and pain in thoracic spine. Pursuant to the progress note dated October 1, 2014, the injured worker has a long-standing history of back pain. The pain radiates to the buttocks and legs and is made worse with standing, walking and sitting. Objective findings reveal normal muscle tone in upper and lower extremities, and normal muscle strength in all planes. Exam of the lumbar spine reveals positive straight leg raise test on the right. Spasm and guarding is noted. There is a positive compression test along the ilium bilaterally, and a positive Faber maneuver bilaterally. There is decreased sensation along the L3 nerve root on the right leg. He has some decreased side flexion against resistance at about 4/5 on the right. Current medications include Celebrex 200mg, Capsaicin 0.075%, Hydrocodone/APAP 10/325mg, Protonix 20mg, Cozaar 100mg, Opana ER 10 mg, Norflex ER 100mg, Metformin 500mg, and Niacin 500mg. According to the earliest documentation in the medical record, the injured worker has been taking Norflex, and using Capsaicin since March 18, 2014. There was no documentation of objective functional improvement associated with the use of these medications. The treating physician is recommending a lumbar epidural steroid injection, and refill of medications. The current request is for Capsaicin cream 0.075%, and Norflex ER 100mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for capsaicin cream 0.075% #2 (DOS: 9/3/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical; Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, capsaicin 0.075% cream #2 refills date of service September 3, 2014 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is recommended only as an option in patients with no response or intolerance to other treatments. In this case, the injured worker's working diagnoses are lumbar disc displacement without myelopathy; spondylosis lumbosacral; neck pain; and pain in thoracic spine. The subjective complaints consist of low back pain that radiates down his right buttock into the right posterior leg and down the lateral calf. The objective findings in the physical examination do not address whether there is an objective functional improvement with the ongoing use of capsaicin topical since March 2014. The injured worker is taking Celebrex, hydrocodone, Norflex, pantoprazole, and Opana ER (opiate), in addition to heart related and diabetes medications. There has been no reduction in the opiates or muscle relaxants as a result of using capsaicin topical. Consequently, absent the appropriate documentation with objective functional improvement regarding capsaicin topical, this request is not medically necessary.

Retrospective request for Norflex 100mg #90 (DOS: 9/3/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG), Norflex 100 mg #90 date of service September 3, 2014 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the injured workers working diagnoses are lumbar disc displacement without myelopathy; spondylosis lumbosacral; neck pain; and pain in thoracic spine. The subjective complaints consist of low back pain that radiates down his right buttock into the right posterior leg and down the lateral calf. The injured worker has been taking Norflex, according to a progress note, as far back as March 18, 2014. The documentation doesn't indicate whether this is a refill or a new prescription for Norflex. Additionally, there is no documentation in the medical record indicating objective functional

improvement with Norflex. Norflex, a muscle relaxant, is recommended for short-term use (less than two weeks) treatment of acute low back pain and short-term treatment of an exacerbation in chronic low back pain. The treating physician has exceeded the recommended guidelines (two weeks) and there does not appear to be an acute exacerbation of chronic low back pain. Consequently, absent the appropriate clinical indication and lack of documentation supporting objective functional improvement, this request is not medically necessary.