

<b>Case Number:</b>	CM15-0138663		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	02/27/2012
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Family Practice

### 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 51 year-old female, who sustained an industrial injury on 02-27-2012. She has reported injury to the low back. The diagnoses have included lumbago; lumbar radiculopathy; pseudoarthrosis L4-5; facet arthropathy lumbar spine; chronic pain status post lumbar fusion, on 01-24-2013, with single left pedicle screw and cage at L4-5; right sacroiliac joint dysfunction; and lumbar myofascial pain. Treatment to date has included medications, diagnostics, injection, epidural steroid injections, chiropractic therapy, physical therapy, and surgical intervention. Medications have included Aleve, Relafen, Cymbalta, Pamelor, Prilosec, and Capsaicin cream. A progress note from the treating physician, dated 05-21-2015, documented a follow-up visit with the injured worker. The injured worker reported low back pain which has increased since the last visit; the pain is an aching and stabbing pain in her low back; her pain is rated at 5 out of 10 on the pain scale; she has radiation of stabbing pain from her back into her right lower extremity all the way to her toes; walking and standing longer than 30 minutes causes an increase in her pain; she continues to have significant difficulty with sleep; she has completed 10 sessions of physical therapy with no benefit; she is currently taking Aleve as needed for pain which is providing her little relief; and she is also using Capsaicin cream which provides significant relief of her pain. Objective findings included normal affect; decreased sensation in right L5, S1 dermatomes; gait is mildly antalgic; hypertonicity is noted in the paraspinals L2-S1; tenderness to palpation in the right sacroiliac joint; lumbar flexion is severely limited on the right; positive right lumbar facet loading; and positive Faber's, Gaenslen's, and sacroiliac thigh thrust tests. The treatment plan has included the request for 30

Flector patches with 1 refill; and compounded medications with Capsaicin 0.05% and Cyclobenzaprine 4%.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **30 Flector patches with 1 refill: Upheld**

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

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

**Decision rationale:** This patient receives treatment for chronic low back pain. This relates back to a work-related injury dated 02/27/2012. The patient has failed back syndrome having had a lumbar fusion operation on 01/24/2013 at L4-L5. This review addresses a request for #30 Flector patches with one refill. The patient had 10 sessions of PT without relief. The patient takes Aleve, which relieves the pain. Flector patches contain diclofenac, an NSAID. Topical NSAIDs are not medically indicated in the treatment of chronic low back pain, because clinical studies have failed to show a sustained benefit above and beyond that of a placebo. Flector patches are not medically indicated.

#### **Compounded medications with Capsaicin 0.05% and Cyclobenzaprine 4%: Upheld**

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

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

**Decision rationale:** This patient receives treatment for chronic low back pain. This relates back to a work-related injury dated 02/27/2012. The patient has failed back syndrome having had a lumbar fusion operation on 01/24/2013 at L4-L5. The patient had 10 sessions of PT without relief. The patient takes Aleve, which relieves the pain. This review addresses a request for a compounded topical analgesic agent containing Capsaicin 0.05% and cyclobenzaprine 4%. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition, if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Capsaicin is a topical irritant derived from the chile plant. Clinical studies using dosages above 0.025% have not been done and any dose higher than this is considered experimental and not recommended. Cyclobenzaprine is a muscle relaxer. Muscle relaxers are not medically indicated to treat chronic back pain in their topical form. This compounded medicinal is not medically indicated.