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| <b>Case Number:</b>   | CM15-0147687 |                              |            |
| <b>Date Assigned:</b> | 08/10/2015   | <b>Date of Injury:</b>       | 04/22/2013 |
| <b>Decision Date:</b> | 09/04/2015   | <b>UR Denial Date:</b>       | 07/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/29/2015 |

### 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: Physical Medicine & Rehabilitation

### 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 48-year-old female, who sustained an industrial injury on 4-22-13. She has reported initial complaints of right shoulder, right hand, bilateral hands and bilateral wrist pain. The diagnoses have included right side rotator cuff impingement syndrome, right side shoulder pain, right side medial epicondylitis, right side elbow pain, and bilateral carpal tunnel syndrome bilateral wrist pain and myofascial pain syndrome. Treatment to date has included medications, diagnostics, physiotherapy, massage, heat packs, ice, transcutaneous electrical nerve stimulation (TENS), epidural steroid injection (ESI), wrist braces, and paraffin wax. Currently, as per the physician progress note dated 6-15-15, the injured worker complains of right shoulder and right elbow pain along with carpal tunnel in both hands and wrists from cumulative trauma with her job duties. She reports anxiety that contributes to the persistent pain. The pain is rated 6-7 out of 10 on the pain scale and she reports that her arm pain decreases her activity level. She also reports problems with sleep due to pain. She also states that the numbness and tingling in the bilateral hands is worsening. The current medications included Ultracet, Capsaicin cream and Valium. There is no previous urine drug screen reports noted in the records. The physical exam reveals that there is decreased strength with bilateral shoulder abduction with 135 degrees in the left shoulder and 90 degrees in the right shoulder. There is also decreased strength with the right elbow and right hand grip, which is, limited secondary to pain and tenderness. The right sided Neer's test is positive, and the Tinel's sign along the bilateral carpal tunnel is positive. The physician requested treatment included Container of Capsaicin 0.05% and Cyclobenzaprine 4% and Valium 5mg quantity 60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Container of Capsaicin 0.05% and Cyclobenzaprine 4%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Capsaicin Page(s): 111; 28; 113.

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

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded Capsaicin and muscle relaxant over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Capsaicin cream/gel is recommended only as an option in patients who have not responded or are intolerant to other treatments. 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. Additionally, Guidelines do not recommend long-term use of this muscle relaxant and anti-seizure medications for this chronic injury without improved functional outcomes attributable to their use. The Container of Capsaicin 0.05% and Cyclobenzaprine 4% is not medically necessary and appropriate.

**Valium 5mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 23.

**Decision rationale:** Valium (Diazepam) is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Valium also is used to prevent certain types of seizures. Valium is used for the short-term relief of the symptoms of anxiety. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Valium's continued use for the chronic injury. Per

the Chronic Pain Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered. The Valium 5mg quantity 60 is not medically necessary and appropriate.