

<b>Case Number:</b>	CM15-0161872		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	01/30/2015
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Arizona, 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 58 year old female, who sustained an industrial injury on 1-30-2015. The injured worker was diagnosed as having sacrococcygeal contusion, lumbar myoligamentous sprain-strain, symptomatic perineural cyst at right L5-S1 and bilateral S1-S4 (magnetic resonance imaging 4-04-2015), and instigation of symptomatic osteoarthritis, bilateral knees. Treatment to date has included medications, physical therapy, home exercise, and diagnostics. The progress report (6-22-2015) noted medication use with Lyrica (new prescription), Meloxicam, Priosec, Flexeril, and Tramadol 50mg (one tablet was to continue) while Norco was discontinued. Currently (7-06-2015), the injured worker complains of pain in her low back and sacral area, rated 5-6 out of 10 (unchanged from 6-22-2015). It was documented that low back pain "improved" but coccygeal pain persisted. She started using H wave unit and felt it was "helping with the pain". Her urinary issue "has gotten better as well". She was attending chiropractic "but has not sustained any relief from treatment". Exam of the bilateral knees noted flexion 135, extension 0, swelling, effusion, patella-femoral grind, and patella-femoral crepitus. Exam of the lumbar spine noted flexion 90, extension 30, lateral flexion 30, straight leg raise at 80 bilaterally, and 2+ deep tendon reflexes. She was noted to shift constantly while sitting due to marked tenderness of the coccyx. She was prescribed Capsaicin Topical HP cream (for application three to four times daily) for pain and inflammation and was to continue Tramadol 50mg (at bedtime and twice daily as needed) for pain. Her work status remained modified. Urine toxicology was not noted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Capsaicin Topical HP cream #1 tube refills 5: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS guidelines, Capsaicin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. In his case, the Capsaicin HP contains .1 % which is much higher than the dose recommended. In addition , the claimant had been on topical analgesics for months and long-term use is not indicated. The request Capsaicin HP is not medically necessary.

### **Tramadol 50mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, they had been on Norco along with Tramadol without significant improvement in pain or function. There was no mention of Tylenol or Tricyclic failure. Continued and chronic use is not medically necessary.