

<b>Case Number:</b>	CM15-0168399		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	06/08/2012
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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 54 year old male, who sustained an industrial injury on 6-08-2012, while lifting a box. The injured worker was diagnosed as having thoracic-lumbosacral neuritis-radiculitis and lumbar disc disorder. Treatment to date has included diagnostics, physical therapy, lumbar epidural injections, lumbar spinal surgery in 2012 and 9-2014, and medications. Currently (7-31-2015), the injured worker complains of pain in his lumbosacral region, buttocks, legs, and feet. Pain was currently rated 4 out of 10, and 4 of 10 at best, 7 of 10 at worst. He also reported numbness and tingling in his right foot, approximately 10% of the time, and insomnia. He reported improvement with "taking the weight of the affected area". Symptoms worsened with bending, carrying, cleaning, climbing, cooking, and coughing. Exam noted decreased range of motion in the lumbar spine, positive straight leg raise bilaterally, and hyper-reflexia bilaterally (3+). His medication use included Soma. Work status was total temporary disability. Pain levels appeared consistent since at least 3-2015. Diagnostic reports were not submitted. The requested treatment included Capsaicin 0.0375%, Tramadol 8%, Cyclobenzaprine 4%, Menthol 5%, Gabapentin 10% 180 grams (first prescribed 4-2015). On 8-07-2015, the Utilization Review non-certified this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.0375%, Tramadol 8%, Cyclobenzaprine 4%, Menthol 5%, Gabapentin 10% 180 grams: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Salicylate topicals, [http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab\\_0351-04000/ab\\_378\\_bill20110908\\_amended\\_sen\\_v-4.html](http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0351-04000/ab_378_bill20110908_amended_sen_v-4.html).

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

**Decision rationale:** The patient was injured on 06/08/12 and presents with pain in his lumbosacral region, buttocks, legs, and feet. The request is for Capsaicin 0.0375%, Tramadol 8%, Cyclobenzaprine 4%, Menthol 5%, Gabapentin 10% 180 grams to be applied to the affected area to reduce pain, increase function and mobility and decrease the need of additional oral medications. The RFA is dated 07/31/15 and the patient is on temporary total disability. MTUS Guidelines, Topical Analgesics NSAIDs, page 111 states: "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended." Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. MTUS, page 29, Capsaicin, topical, Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis osteoarthritis, fibromyalgia, and chronic non-specific back pain... Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). 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. The patient is diagnosed with thoracic-lumbosacral neuritis-radiculitis and lumbar disc disorder. MTUS Guidelines page 111 do not recommend a compounded product if one of the compounds are not indicated for use. Neither Tramadol, Cyclobenzaprine, Gabapentin are indicated by MTUS Guidelines. This topical also contains 0.0375% formulation of capsaicin, which is not recommended by MTUS. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.