

<b>Case Number:</b>	CM15-0168426		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	03/25/2003
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	07/24/2015
<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: North Carolina

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:

This is a 65-year-old female worker who was injured on 03-25-2003. The medical records reviewed indicated the injured worker (IW) was treated for sacroiliitis, not elsewhere classified. A history and physical dated 6-1-2015 indicated the IW's pain was in the bilateral sacroiliac area, radiating into the buttocks and to the posterolateral thighs and could reach 10 out of 10 on the pain scale. Her activities of daily living were limited due to pain. In the progress notes dated 7-14-2015 the IW reported pain in the bilateral sacroiliac joints and bilateral lower extremities rated 8 out of 10 (worst), 6 out of 10 (best) and 6 to 7 out of 10 (on average). The physical exams on 6-1-2015 and 7-14-2015 were comparable, with pain on palpation over the bilateral SI joints and positive bilateral pelvic rocking test. She was maintaining her daily function, increasing daily activity and productivity. Medications included Tylenol #3, Capsaicin and Menthol topical, Cetirizine, Cyclobenzaprine (since at least 4-14-2015), Ketoprofen-Lido-Gabapentin EX topical and Ultram. The IW signed a controlled substance agreement and showed no signs of aberrant drug behavior. Treatments have included epidural steroid injections, which were helpful for several months and eight weeks of physical therapy with no relief of pain. She also underwent L4-S1 spinal fusion in 2007. Other treatments included swimming, massages, TENS unit, SI joint injections and medications (Tylenol #3, NSAIDs, topicals, opioids, muscle relaxants). Notes from 3-16-2015 reported a CT of the lumbar spine from 12-2014 showed "fusion from L3-S1. There is possible disc herniation at L2-3 and central stenosis at that level". A request was made for capsaicin-menthol-0.025%, 4%, 2 kits with two refills and Cyclobenzaprine 10mg, #90 with two refills. The Utilization Review on 7-24-2015 denied the request for capsaicin-menthol-

0.025%, 4%, 2 kits with two refills because the CA MTUS guidelines for Topical Analgesics were not met; the request for Cyclobenzaprine 10mg, #90 with two refills was modified to allow for #60 with no refills for weaning purposes per the CA MTUS Chronic Pain Guidelines.

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

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

**Cyclobenzaprine 10mg #90, 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 41, 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.

**Capsaicin/Menthol/0.025%/4% 2 kits with 2 refills:** Upheld

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

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.



