

Case Number:	CM15-0180970		
Date Assigned:	09/22/2015	Date of Injury:	08/05/2014
Decision Date:	12/01/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/14/2015

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: Emergency Medicine

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 70 year old male who sustained an industrial injury on 08-05-2014. Current diagnoses include headaches, cervical spine sprain-strain rule out herniated nucleus pulposus, rule out cervical radiculopathy, right shoulder sprain-strain rule out internal derangement, right elbow lateral and medial epicondylitis, bilateral wrist and hand pain, rule out bilateral wrist carpal tunnel syndrome, rule out bilateral hand tenosynovitis, bilateral hand and fingers pain, status post hernia repair with residual abdominal pain, low back pain, lumbar spine sprain-strain rule out herniated nucleus pulposus, rule out lumbar radiculopathy, mood disorder, stress, sleep disorder, and anxiety disorder. Report dated 08-13-2015 noted that the injured worker presented with complaints that included frequent headaches, burning radicular pain in the neck with associated numbness and tingling in the bilateral upper extremities, burning right shoulder pain radiating down the arms and fingers associated muscle spasms, burning right elbow pain and muscle spasms, burning bilateral wrist, hand, and finger pain and muscle spasms with weakness, numbness, tingling and pain radiating to the hands and fingers, burning radicular low back pain and muscle spasms with associated numbness and tingling of the bilateral lower extremities, and status post hernia repair with residual pain. Pain level was 6-7 out of 10 on a visual analog scale (VAS). The injured worker stated that symptoms do persist but medications offer him temporary relief of pain and improve his ability to have restful sleep. Physical examination performed on 08-13-2015 revealed cervical, right shoulder, right elbow, bilateral wrist-hand, lumbar spine tenderness with decreased range of motion, decreased sensation at the L4-S1 dermatomes bilaterally, and multiple special orthopedic testings were positive. Previous

diagnostic studies included multiple MRI's. Previous treatments included medications, surgical intervention, extracorporeal shockwave treatments, acupuncture, and chiropractic. The treatment plan included referring to an orthopedic surgeon for consultation, continue acupuncture and chiropractic, the patient is to undergo up to 5 sets of platelet rich plasma treatments for the left wrist-separately, and continue with medications for pain. The utilization review dated 08-24- 2015, non-certified the request for cyclobenzaprine, capsaicin, menthol, and gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: The request is for the use of a medication in the category of an anti-epileptic drug (AED). These medications are recommended for certain types of neuropathic pain. Most of the randomized clinical control trials involved include post-herpetic neuralgia and painful polyneuropathy such as in diabetes. There are few trials which have studied central pain or radiculopathy. The MTUS guidelines state that a good response to treatment is 50% reduction in pain. At least a 30% reduction in pain is required for ongoing use, and if this is not seen, this should trigger a change in therapy. There also should be documentation of functional improvement and side effects incurred with use. Disease states which prompt use of these medications include post-herpetic neuralgia, spinal cord injury, chronic regional pain syndrome, lumbar spinal stenosis, post-operative pain, and central pain. There is inadequate evidence to support use in non-specific axial low back pain or myofascial pain. In this case, there is lack of documentation of functional improvement or screening measures as required. There is also a lack of a documented indication for use. As such, the request is not medically necessary.

Menthol: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: The request is for the topical use of menthol. The MTUS and ACOEM as well as ODG do not comment specifically regarding this topic. The ACOEM guidelines do generally state that the use of topical analgesic therapy for pain control does not have good support regarding efficacy. In this case, the use of topical menthol would not be evidence based with poor scientific literature supporting its use for the patient's condition. As such, the request is not medically necessary.

Capsaicin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic)/ Capsaicin, topical (chili pepper/ cayenne pepper).

Decision rationale: The request is for the use of capsaicin topically. The official disability guidelines state the following regarding this topic: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: 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. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The number needed to treat in musculoskeletal conditions was 8.1. The number needed to treat for neuropathic conditions was 5.7. (Robbins, 2000) (Keitel, 2001) (Mason-BMJ, 2004) The results from this RCT support the beneficial effects of 0.025% capsaicin cream as a first-line therapy for OA pain. (Altman, 1994) Mechanism of action: Capsaicin, which is derived from chili peppers, causes vasodilation, itching, and burning when applied to the skin. These actions are attributed to binding with nociceptors, which causes a period of enhanced sensitivity followed by a refractory period of reduced sensitivity. Topical capsaicin is superior to placebo in relieving chronic neuropathic and musculoskeletal pain. Capsaicin produces highly selective regional anesthesia by causing degeneration of capsaicin-sensitive nociceptive nerve endings, which can produce significant and long lasting increases in nociceptive thresholds. (Maroon, 2006) Adverse reactions: Local adverse reactions were common (one out of three patients) but seldom serious (burning, stinging, erythema). Coughing has also been reported. Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns. (FDA, 2012) See also CRPS, medications; Diabetic neuropathy; & Topical analgesics. See also Herbal medicines. In this case, the use of this medication for the patient's condition is not evidence based. This is secondary to a lack of documentation of a medical condition which would support its use such as post-herpetic neuralgia, diabetic neuropathy or post-mastectomy pain. As such, the request is not medically necessary.

Cyclobenzaprine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The request is for the use of a muscle relaxant to aid in pain relief. The MTUS guidelines state that the use of a medication in this class is indicated as a second-line option for short-term treatment of acute exacerbations of low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, which can increase mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. (Homik, 2004) Due to inadequate documentation of a recent acute exacerbation and poor effectiveness for chronic long-term use, the request is not medically necessary.