

<b>Case Number:</b>	CM15-0181246		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	07/28/1999
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 66 year old male who sustained an industrial injury on 7-28-99. A review of the medical records indicates he is undergoing treatment for cervical radiculopathy, status post lumbar fusion, chronic low back pain, failed back syndrome, status post left shoulder surgery, left shoulder recurrent internal derangement, lumbar radiculopathy left lower extremity, left shoulder rotator cuff tear, left knee internal derangement, and status post left shoulder rotator cuff repair. Medical records (4-29-15 to 8-19-15) indicate complaints of neck and arm pain, rating it 8 out of 10, which decreases to 4 out of 10 with the use of medications. The injured worker also complains of low back pain, rating 9 out of 10, left shoulder pain, rating 8 out of 10, and bilateral knee pain, rating 8 out of 10 (7-16-15). The physical exam (8-19-15) reveals "right leg sciatica", left leg S1 radiculopathy, and positive straight leg raising bilaterally. The shoulder exam reveals "painful range of motion", which was noted to be limited. The left knee reveals "a positive McMurray sign and patellofemoral crepitation". The neck was noted to have decreased range of motion and left trapezius spasm that radiates to the left C6-C7, greater on the right side. The 7-16-15 report states that "pain medications help him with activities of daily living and increased function overall". His medications include Norco, Flexeril, and Capsaicin cream. Diagnostic studies have included a lumbar MRI. Treatment has included oral medications, activity modification, physical therapy, prolonged rest, and topical creams. A request for a TENS unit was made and a lumbar epidural steroid injection request is pending authorization. The utilization review (9-2-15) indicates a request for Ultracin 0.025%-28% topical analgesic, #120. The determination reveals denial of the requested treatment, indicating that the "Capsaicin is recommended for the treatment of neuropathic pain only when a trial of either an anticonvulsant or antidepressant medication has failed. There's no such documentation provided in the records presented for review".

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracin 0.025%-28% (Methyl Salicylate, Menthol, Capsaicin) topical analgesic #120:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Per the MTUS guidelines, capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin may have an indication for chronic lower back pain in this context. Per MTUS p 112 "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". Methyl salicylate may have an indication for chronic pain in this context. Per MTUS p105, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004)" However, the CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since menthol is not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 states, "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others". Therefore, it would be optimal to trial each medication individually. The request is not medically necessary.