

Case Number:	CM15-0189832		
Date Assigned:	10/02/2015	Date of Injury:	01/23/2015
Decision Date:	11/16/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/27/2015

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:

This injured worker is a 37 year old male who reported an industrial injury on 1-23-2015. His diagnoses, and or impressions, were noted to include: right lumbar radiculopathy; right hamstring strain; leg pain; muscle spasms; and right ischial bursitis. The history notes that he was being treated for Lyme Disease. Recent electrodiagnostic studies of the bilateral lower extremities (7-28-15); x-rays of the lumbar spine (5-15-15); and magnetic resonance imaging studies of the lumbar spine (4-14-15) and of the right hip (6-10-15) were said to be done. His treatments were noted to include: a qualified medical evaluation (7-6-15); 18 chiropractic treatments (March - April, 2015) - effective x 1 day each; 5 sessions of physical therapy - minimal relief; 2 sessions of acupuncture - ineffective; "TFESI" of lumbar 4-5; medication management with toxicology studies; and a return to work. The progress notes of 8-26-2015 reported a return visit for: request for authorization; complaints of unchanged, and worsening, low back pain and right lower extremity pain; a second opinion who suggested an orthopedic doctor for his legs; and that Norco and Ibuprofen proved him with 75% relief for about 4-6 hours, with drowsiness, nausea, stomach pain, and headaches. The objective findings were noted to include: positive right bowstring sign down to calf; limited right hamstring flexion compared to left; tenderness to the right para-spinals lumbar 4-5, right ischial bursae and right proximal hamstrings; moderate decrease in right lumbar extension and side-bending; positive right lumbar facet loading; and that Norco and Naproxen were discontinued . The physician's requests for treatment were noted to include: capsaicin 0.05%-cyclobenzaprine 4% cream, 1, for local use on pain to help eliminate the need for oral medication over a prolonged period; and magnetic

resonance imaging studies of the right thigh and pelvis for posterior thigh pain, to further assess right lower extremity symptoms that were not resolving. The Request for Authorization, dated 8-26-2015, was noted to include: capsaicin 0.05%-cyclobenzaprine 4% cream, #1; and magnetic resonance imaging studies of the thigh and pelvis for posterior thigh pain. The Utilization Review of 9-14-2015 non-certified the requests for: capsaicin 0.05%-cyclobenzaprine 4% cream; and magnetic resonance imaging studies of the thigh and pelvis.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM4 Capsaicin cream 0.05%, Cyclobenzaprine 4% cream: 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): Capsaicin, topical, Topical Analgesics.

Decision rationale: The patient presents with low back pain and right lower extremity pain. The request is for CM4 CAPSAICIN CREAM 0.05%, CYCLOBENZAPRINE 4% CREAM. The request for authorization is dated 08/26/15. Physical examination reveals decreased right medial hamstring. Positive bowstring sign. 5-/5 strength right dorsiflexion with limited right hamstring flexion compared to left. Hypertonicity in right paraspinals L3-S1. Tenderness to palpation right paraspinals L4-L5, right ischial bursae, right proximal hamstrings. Moderate decreased right lumbar extension and side bending. Positive facet loading on the right. Patient's treatments include 18+ sessions of chiropractic therapy, with temporary relief after the session but will come back by the end of the day, 5 sessions of physical therapy with minimal relief, and 2 sessions of acupuncture which caused increased pain. Patient's medications include Norco and Ibuprofen. Per progress report dated 08/03/15, the patient is TTD. MTUS has the following regarding topical creams, Chronic Pain Section, p 111: "Topical Analgesics: 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. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." MTUS, pg 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. Per progress report dated

08/26/15, treater's reason for the request is "for local use on pain to help eliminate the need for oral medication over a prolonged period to help prevent potential complications that go along with systemic NSAIDs." This appears to be the initial trial prescription for CM4 Capsaicin Cream 0.05%, Cyclobenzaprine 4%. However, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Cyclobenzaprine, which is not supported for topical use. Additionally, MTUS does not recommend Capsaicin concentrations higher than 0.025% as it provides no further efficacy. Therefore, the request IS NOT medically necessary.

MRI of the right thigh: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, Treatment, Integrated Treatment/Disability Duration Guidelines, Hip & Pelvis (acute & chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, under MRI.

Decision rationale: The patient presents with low back pain and right lower extremity pain. The request is for MRI OF THE RIGHT THIGH. The request for authorization is dated 08/26/15. Physical examination reveals decreased RIGHT medial hamstring. Positive bowstring sign. 5-/5 strength RIGHT dorsiflexion with limited RIGHT hamstring flexion compared to left. Hypertonicity in RIGHT paraspinals L3-S1. Tenderness to palpation RIGHT paraspinals L4-L5, RIGHT ischial bursae, RIGHT proximal hamstrings. Moderate decreased RIGHT lumbar extension and sidebending. Positive facet loading on the RIGHT. Patient's treatments include 18+ sessions of chiropractic therapy, with temporary relief after the session but will come back by the end of the day, 5 sessions of physical therapy with minimal relief, and 2 sessions of acupuncture which caused increased pain. Patient's medications include Norco and Ibuprofen. Per progress report dated 08/03/15, the patient is TTD. ODG Guidelines, Hip and Pelvis Chapter, under MRI states: "Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should, in general, be the first imaging technique employed following plain films." Indicators include osseous, articular, or soft tissue abnormalities; osteonecrosis; occult, acute, and stress fracture; acute and chronic soft tissue injuries; and tumors. Per request for authorization dated 08/26/15, treater's reason for the request is "for posterior thigh pain." Review of provided medical records show no evidence of prior MRI of the RIGHT Thigh. Patient's assessments include RIGHT hamstring strain, leg pain, and RIGHT ischial bursitis. In this case, given the patient's diagnosis and physical examination findings, the request appears reasonable and within guidelines indication. Therefore, the request IS medically necessary.

MRI of the pelvis: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, Treatment, Integrated Treatment/Disability Duration Guidelines, Hip & Pelvis (acute & chronic)).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, under MRI.

Decision rationale: The patient presents with low back pain and right lower extremity pain. The request is for MRI OF THE PELVIS. The request for authorization is dated 08/26/15. Physical examination reveals decreased right medial hamstring. Positive bowstring sign. 5-/5 strength right dorsiflexion with limited right hamstring flexion compared to left. Hypertonicity in right paraspinals L3-S1. Tenderness to palpation right paraspinals L4-L5, right ischial bursae, right proximal hamstrings. Moderate decreased right lumbar extension and side bending. Positive facet loading on the right. Patient's treatments include 18+ sessions of chiropractic therapy, with temporary relief after the session but will come back by the end of the day, 5 sessions of physical therapy with minimal relief, and 2 sessions of acupuncture which caused increased pain. Patient's medications include Norco and Ibuprofen. Per progress report dated 08/03/15, the patient is TTD. ODG Guidelines, Hip and Pelvis Chapter, under MRI states: "Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should, in general, be the first imaging technique employed following plain films." Indicators include osseous, articular, or soft tissue abnormalities; osteonecrosis; occult, acute, and stress fracture; acute and chronic soft tissue injuries; and tumors. Per request for authorization dated 08/26/15, treater's reason for the request is "for posterior thigh pain." Review of provided medical records show no evidence of prior MRI of the Pelvis. Patient's assessments include RIGHT hamstring strain, leg pain, and RIGHT ischial bursitis. In this case, given the patient's diagnosis and physical examination findings, the request appears reasonable and within guidelines indication. Therefore, the request IS medically necessary.