

Case Number:	CM15-0193486		
Date Assigned:	10/07/2015	Date of Injury:	04/12/2002
Decision Date:	11/16/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/01/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old male, who sustained an industrial injury to the neck and back on 4-12-02. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included physical therapy; status post spinal cord stimulator placement (5-2014); acupuncture; medications. Currently, the PR-2 notes dated 8-3-15 indicated the injured worker presents for a follow-up regarding his neck and back pain. He reports his symptoms have increased secondary to standing for 8 hours. He also indicates he presented to a GI specialist for his hernia and was advised to remain standing for the duration of the visit therefore the symptoms have increased. He is waiting for authorization for medial branch blocks (MMB) however, these have been denied. He has MBB bilateral C4-5, C5-6 and C6-7 on 11-25-14 with significant pain relief. He continues to follow-up with a pain psychologist. He reports frustration and concern regarding the ongoing denials for his hernia. The provider documents the injured worker has had: a spinal cord stimulator placement (5-2014) which he reports is helping to reduce his pain 50%. He has had transforaminal epidural steroid injections (TFESI) at L5-S1 (no date) that reportedly reduced pain by 10%; TFESI at T12-L1 (6-22-12) with minimal pain relief (10%); bilateral MBB C4-5, C5-6, C6-7 (11-25-14) with 40% relief continuously; and 26 sessions of acupuncture with minimal pain relief. The provider documents his medications and notes "He reports use of Tramadol 50mg 5-6 times per day. He reports Tramadol reduces his pain minimally." A PR-2 note dated 9-19-11 indicated the injured worker was taking Tramadol 50mg qid at that time. There is no other documentation of a start or stop date for this medication. A Request for Authorization is dated 10-1-15. A Utilization Review letter is dated 9-11-15 and

non-certification for an Unknown prescription for topical Capsaicin cream and modified the certification for Tramadol 50mg #120 authorizing a quantity of #84 to allow for weaning and non-certifying the remaining #36. A request for authorization has been received for a prescription for Tramadol 50mg #120 and Unknown prescription for topical Capsaicin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Tramadol 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list, Opioids, criteria for use, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, specific drug list.

Decision rationale: The MTUS notes that tramadol is a central acting opioid analgesic that may be used to treat chronic pain and neuropathic pain. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of tramadol requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Opioid use for chronic pain appears to be effective for short-term pain relief but long-term benefit is unclear. Tramadol specifically is found to have a small benefit (12% decrease in pain intensity baseline) for up to 3 months. No long-term studies allow for recommended use beyond 3 months. In this case, the medical records do not support use of tramadol within the MTUS guidelines noted above. There is no documented pain assessment, which should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Current use has exceeded the 3-month recommendation as noted above. The records do note some improved sleep and decreased pain with the current regimen. It is not known whether there was an attempt to wean from the tramadol as recommended by the utilization review. The request for tramadol 50 mg #120 is not consistent with the MTUS guidelines and is not medically necessary.

Unknown prescription for topical Capsaicin cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Topical analgesics, Capsaicin.

Decision rationale: The MTUS and ODG guidelines state that Capsaicin, topical is 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) In this case, the injured worker does have significant pain that has been improved but not controlled successfully with conventional therapy. The treatment note on 10-2-15 states that the capsaicin cream is a trial for nonspecific low back pain. The strength, directions for use and quantity are not identified. Without additional information, the request for unknown prescription for topical Capsaicin cream is not medically necessary.