

<b>Case Number:</b>	CM15-0196274		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	05/18/2015
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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 56 year old male who sustained a work-related injury on 5-18-15. Medical record documentation on 8-10-15 revealed the injured worker was being treated for cervical spine pain. He reported neck complaints since 5-18-15 and noted he was improving with time. He was not working. Objective findings included intact sensation in the bilateral upper extremities and the bilateral lower extremities. His wrist flexion was 4+5 bilaterally. Deltoid, biceps, internal rotation, external rotation, wrist extension, triceps, interossal, finger flexion and finger extension were 5-5 bilaterally. An x-ray of the cervical spine on 5-21-15 was documented as revealing straightening of the lordotic curve suggesting muscle spasm and no evidence of fracture or subluxation. The evaluating physician noted the injured worker wanted to avoid oral medications and was prescribed a trial of capsaicin cream. He continued on Naproxen. On 9-1-15 the injured worker had an initial chiropractic evaluation and reported upper mid back pain and neck pain. He reported his pain had not changed since it started. His upper mid back pain was intermittent and occurred 25% of the time. He rated his upper mid back pain a 4 on a 10-point scale. His neck pain was frequent and occurred 50-80% of the time. He rated his neck pain a 4 on a 10-point scale. He had tenderness to palpation and muscle tension of the bilateral cervical spine. He had muscle hypertonicity present in the left side of the cervical spine and he had trigger points of the cervical spine. His cervical spine range of motion was mildly reduced with pain and his bilateral shoulders range of motion was mildly reduced with pain. He had a maximal cervical compression test which was positive on the left. Diagnoses included cervicalgia, late effect of sprain-strain without tendon injury, spinal enthesopathy, stiffness of shoulder joint and myalgia-

myositis. A request for (capsaicin 0.05% and Cyclobenzaprine 4%) and MRI of the cervical spine was received on 8-10-15. On 9-8-15, the Utilization Review physician determined CM4 (capsaicin 0.05% and Cyclobenzaprine 4%) and MRI of the cervical spine was not medically necessary.

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

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

#### **CM4 (Capsaicin 0.05% + Cyclobenzaprine 4%): Upheld**

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Topical analgesics.

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

**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 (cyclobenzaprine), which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.

#### **MRI of the cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Magnetic resonance imaging.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a

strengthening program intended to avoid surgery, Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore criteria have not been met for imaging of the cervical spine and the request is not medically necessary.