

Case Number:	CM15-0203311		
Date Assigned:	10/20/2015	Date of Injury:	06/19/2007
Decision Date:	12/02/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/15/2015

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

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:

The injured worker is a 37 year old male who sustained an industrial injury June 19, 2007. Past history included status post transforaminal epidural steroid injection bilateral L4-S1 May 19, 2015, with 50-80% overall improvement in sitting, concentrating, mood, standing, sleep, decreased pain medication, and improved mobility; status post lumbar spine fusion, 2010. Diagnoses are lumbar disc degeneration; other chronic pain; lumbar facet arthropathy; failed back surgery syndrome, lumbar; lumbar radiculopathy; depression; gastritis, unspecified without bleeding. According to a pain management physician's re-evaluation dated September 8, 2015, the injured worker presented for follow-up and re-examination. He complains of neck pain with radiation down the bilateral upper extremity in the shoulders, aggravated by activity and walking. He reported intermittent low back pain radiating down the bilateral lower extremities, with the left greater than the right, with constant numbness in the bilateral lower extremities to the level of the hips, thighs, knees, calves, feet, toes, with weakness. He also complains of frequent low back muscle spasms and moderate difficulty sleeping. He rated his pain 3 out of 10 with medication 6 out of 10 without medication and unchanged since the last visit. With medication he reports an 80% improvement with bathing, caring for pet, attending church, cleaning, doing laundry, driving, shopping, and sleeping. Objective findings included; slow gait; lumbar-well healed surgical scar, tenderness L4-S1, range of motion limited due to pain, pain increased in flexion and extension; sensory exam shows decreased sensitivity to touch in the left lower extremity, seated straight leg raise positive bilaterally at 45 degrees. The physician documented an MRI of the lumbar spine dated July 14, 2015 findings as mild disc disease L3-4 and L5-S1; posterior fusion change at L4-5 causing metallic distortion artifact and

somewhat limiting evaluation at that level; 2cm high T2 signal left suprarenal lesion is noted on limited coronal T2 sequences; CT is recommended. He is currently working without restrictions. At issue, is the request for authorization dated September 16, 2015, for Capsaicin and Enovarx-ibuprofen. According to utilization review dated September 23, 2015, the requests for Gabapentin, ibuprofen, and Tramadol were certified. The requests for Capsaicin 0.025% cream #1 and Enovarx-ibuprofen 10% kit prescribed September 8, 2015, were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025% cream, #1, prescribed 09/08/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (Online Version) Salicylate topicals.

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

Decision rationale: The patient was injured on 06/19/07 and presents with neck pain, low back pain, and upper extremity pain. The request is for CAPSAICIN 0.025% CREAM, #1, PRESCRIBED 09/08/15. The utilization review rationale is that there is no indication that the patient is "intolerant of standard of care oral medications (gabapentin, ibuprofen) to support the request." The RFA is dated 09/16/15 and the patient is currently working without restrictions. The patient has been using this topical as early as 06/23/15. MTUS Guidelines, Topical Analgesics Section, page 111 states: "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. MTUS, page 29, Capsaicin, topical, " Indications: There are positive randomized studies with capsaicin cream in patients with 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. The patient is diagnosed with lumbar disc degeneration; other chronic pain; lumbar facet arthropathy; failed back surgery syndrome, lumbar; lumbar radiculopathy; depression; gastritis, unspecified without bleeding. The 09/08/15 report states that "Capsaicin [is] beneficial with intended effect as prescribed dose." MTUS Guidelines allow capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. In this case, the patient presents with chronic low back pain and is receiving benefit from Capsaicin. Therefore, the request IS medically necessary.

Enovarx-Ibuprofen 10% kit, #1, prescribed 09/08/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

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

Decision rationale: The patient was injured on 06/19/07 and presents with neck pain, low back pain, and upper extremity pain. The request is for ENOVARX-IBUPROFEN 10% KIT, #1, PRESCRIBED 09/08/15. The RFA is dated 09/16/15 and the patient is currently working without restrictions. The patient has been using this topical as early as 08/04/15. MTUS Guidelines, Topical Analgesics section, under Non-steroidal antiinflammatory agents, page 111-112 states: "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." "...this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." MTUS Guidelines, Medications for Chronic Pain section, pg. 60, 61 states: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. 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 patient is diagnosed with lumbar disc degeneration; other chronic pain; lumbar facet arthropathy; failed back surgery syndrome, lumbar; lumbar radiculopathy; depression; gastritis, unspecified without bleeding. Regarding medications for chronic pain, MTUS page 60 states that a record of pain and function should be recorded. The 09/08/15 report states that "Ibuprofen [is] beneficial with intended effect as prescribed dose." MTUS guidelines state that there is "little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." In this case, the patient presents with cervical spine and lumbar spine pain. Due to lack of support from guidelines, the request IS NOT medically necessary.