

<b>Case Number:</b>	CM15-0022660		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	08/13/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: California  
Certification(s)/Specialty: Emergency 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 53 year old male, who sustained an industrial injury on 8/13/2014. The current diagnoses are lumbago, lumbar facet dysfunction, mechanical low back pain, degenerative disc disease, and muscle strain. Currently, the injured worker complains of continuous low back pain. The physical examination revealed tenderness to palpation over the lumbar paraspinal muscles and right sacroiliac joint region. There was weakness noted with right hip flexion. Straight leg raise test and facet loading test was positive. Treatment to date has included medications, physical therapy, chiropractic, and injections. The treating physician is requesting Capsaicin cream 0.025% 120gm, Zanaflex 2mg #30, and MRI of the lumbar spine, which is now under review. On 1/6/2015, Utilization Review had non-certified a request for Capsaicin cream 0.025% 120gm, Zanaflex 2mg #30, and MRI of the lumbar spine. The California MTUS Chronic Pain and ACOEM Medical Treatment Guidelines were cited

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin cream 0.025% apply, four (4) times per day (120g): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The requested Capsaicin cream 0.025% apply, four (4) times per day (120g), is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has continuous low back pain. The physical examination revealed tenderness to palpation over the lumbar paraspinal muscles and right sacroiliac joint region. There was weakness noted with right hip flexion. Straight leg raise test and facet loading test was positive. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Capsaicin cream 0.025% apply, four (4) times per day (120g) is not medically necessary.

**Zanaflex 2mg one tablet every night at bedtime, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex) Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The requested Zanaflex 2mg one tablet every night at bedtime, #30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63- 66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has continuous low back pain. The physical examination revealed tenderness to palpation over the lumbar paraspinal muscles and right sacroiliac joint region. There was weakness noted with right hip flexion. Straight leg raise test and facet loading test was positive. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Zanaflex 2mg one tablet every night at bedtime, #30 is not medically necessary.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The requested MRI of the lumbar spine is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and

Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has continuous low back pain. The physical examination revealed tenderness to palpation over the lumbar paraspinal muscles and right sacroiliac joint region. There was weakness noted with right hip flexion. Straight leg raise test and facet loading test was positive. The treating physician has not documented deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI of the lumbar spine is not medically necessary.