

<b>Case Number:</b>	CM15-0080175		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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:

The injured worker is a 61 year old male, who sustained an industrial injury on 08/01/2013. He has reported subsequent headaches, neck, back, bilateral hip, knee and ankle pain and was diagnosed with headaches, cervicgia, cervical disc displacement, lumbar disc displacement, lumbar and cervical radiculopathy, bilateral knee medial meniscal tear and sprain of unspecified ligament of ankles. Treatment to date has included oral and topical pain medication. In a progress note dated 02/17/2015, the injured worker complained of back, bilateral hip, bilateral knee and bilateral ankle pain. Objective findings were notable for anterior head carriage with right lateral head tilt, tenderness to palpation of the suboccipital region, trapezius muscles and sternocleidomastoid muscles, decreased cervical range of motion, positive cervical distraction and compression tests, decreased sensation to pinprick and light touch over C5-C8 and T1 dermatomes, tenderness to palpation of T1-T6 with paraspinal guarding and decreased range of motion, positive Kemp's test, tenderness to palpation of L2-L5 with paraspinal muscle guarding and decreased range of motion, positive straight leg tests at 65 degrees and tenderness of the bilateral hips and knees. A request for authorization of topical compound Capsaicin, topical compound Menthol, ultrasound of the brain and urinalysis was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical compound Capsaicin: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical, Topical Analgesics, Compounded.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Capsaicin, topical page(s): 111-113, 29.

**Decision rationale:** The patient presents with back, bilateral hip, bilateral knee and bilateral ankle pain. The physician is requesting topical compound capsaicin. The RFA was not included. The patient is currently temporarily totally disabled. MTUS, pg 111-113, Topical Analgesics state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. The patient's current diagnosis include: headaches, cervicgia, cervical disc displacement, lumbar disc displacement, lumbar and cervical radiculopathy, bilateral knee medial meniscal tear and sprain of unspecified ligament of ankles. The physician has not provided a rationale for the request or specify a location where it is to be applied. The patient does not present with OA. In this case, the required criteria for capsaicin has not been met. The request is not medically necessary.

**Topical compound Menthol: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Compounded.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics page(s): 111-113. Decision based on Non-MTUS Citation [www.innovateus.net/health/what-menthol-cream](http://www.innovateus.net/health/what-menthol-cream).

**Decision rationale:** The patient presents with back, bilateral hip, bilateral knee and bilateral ankle pain. The physician is requesting topical compound menthol. The RFA was not included. The patient is currently temporarily totally disabled. MTUS, page 111-113, Topical Analgesics state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. According to <http://www.innovateus.net/health/what-menthol-cream>, menthol cream is used to relieve minor aches and pains caused by muscle pain, muscle soreness and arthritis. The physician has not provided a rationale for the request or specify a location where it is to be applied. No history of use was noted. There is no discussion of how it has been effective either. Given the lack of such discussion, the request is not medically necessary.

**Ultrasound of the brain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Guidelines on Transcranial Doppler Ultrasonography.

**Decision rationale:** The patient presents with back, bilateral hip, bilateral knee and bilateral ankle pain. The physician is requesting ultrasound of the brain. The RFA was not included. The patient is currently temporarily totally disabled. The AETNA Guidelines on Transcranial Doppler Ultrasonography considers TDU experimental and investigational for all other indications, including the following: migraine headaches, assessing auto regulation, physiologic, and pharmacologic responses of cerebral arteries, brain tumors among others. The physician does not provide a rationale for the request. Per the 02/17/2015 report, the patient's head is normocephalic and atraumatic. Good eye level is noted. Pupils are equal, round, reactive to light and accommodation. Cranial nerves II-XII are intact. In this case, the physical examination does not show significant symptoms to warrant an ultrasound of the brain. Furthermore, the patient does not meet the criteria set by AETNA for this procedure. The request is not medically necessary.

**Urinalysis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Criteria for Use of Urine Drug Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter. Urine drug testing.

**Decision rationale:** The patient presents with back, bilateral hip, bilateral knee and bilateral ankle pain. The physician is requesting urinalysis. The RFA was not included. The patient is currently temporarily totally disabled. The MTUS guidelines do not specifically address how frequent urine drug screens should be obtained for various-risk opiate users. However, ODG guidelines provide clear recommendations. For low-risk opiate users, once yearly urine drug screen is recommended following initial screening within the first 6 months. Reports do not show any discussion regarding this request. The request appears to be for urine drug screen as there is no discussion regarding a need for urinalysis for other medical reasons. Medical records show that the patient underwent urine drug testing on 10/21/2014 with no indication that the results were inconsistent with his current medication regimen. However, the patient is currently not on any opiates. Given that the patient is not taking any opioids that would warrant periodic screening, the request is not medically necessary.