

<b>Case Number:</b>	CM13-0009132		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	03/10/2003
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 50 year old male with injury from March 10, 2003. Listed diagnoses from July 12, 2013 are neck pain; Carpal Tunnel Syndrome (CTS); shoulder pain; Lumbago. The patient has bilateral upper extremity pain and low back. The patient now has left shoulder pain having suffered with right arm pain for 8 years with multiple surgeries. MRI of left shoulder showed inflammation and tendinitis. The patient tolerated only 2-3 sessions of therapy of 12 authorized for shoulder. Has increased pain in the left knee with some popping and cracking. X-ray of the knee was recommended to address knee pain and popping/cracking. Mild edema with palpatory tenderness noted on exam along with decreased range of motion. The patient uses diclofenac cream for swelling and inflammation, capsaicin for pain, ketamine for numbness and tingling in his arms and hands. These topicals help decrease oral meds.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The prospective request for one (1) prescription of Capsaicin 0.075% cream between July 12, 2013 and September 16, 2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Section Page(s): 111.

**Decision rationale:** The California MTUS has a very specific discussion regarding Capsaicin topical formulations. 0.025% creams are allowed for osteoarthritis, but 0.075% formulations are primarily for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. The guidelines then state that formulation over 0.025% has not been studied such as 0.0375%, and that capsaicin has been studied for osteoarthritis, fibromyalgia and chronic non-specific back pain. In this patient, the indication would be chronic low back pain and perhaps osteoarthritis. However, the currently prescribed formulation of 0.075% is reserved, per MTUS, for other conditions as listed above. To be consistent with MTUS, the treater may consider switching to 0.025% formulation rather than the high dose of 0.075%. Therefore the request one (1) prescription of Capsaicin 0.075% cream is not necessary and appropriate.

**The prospective request for one (1) prescription of Ketamine 5% cream 60gm between July 12, 2013 and September 16, 2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Section Page(s): 111.

**Decision rationale:** The California MTUS states, as quoted, that Ketamine is under study and only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. In this patient neuropathic pain is not documented. The patient has multiple body part musculoskeletal chronic pain conditions but the treater does not provide a diagnosis of neuropathic pain and none is documented. Therefore the request one (1) prescription of Ketamine 5% cream 60gm is not medically necessary and appropriate.

**The prospective request for one (1) prescription of Cyclobenzaprine-Flexeril 7.5mg, #90, between July 12, 2013 and September 16, 2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®), Amrix®, Fexmid®, generic available) Page(s): 64.

**Decision rationale:** The California MTUS does not support chronic use of Flexeril. This medication is recommended for a short-term use only, 3-4 days and with benefit 2-3 weeks at most. Review of the reports show that the patient is taking it on a chronic, monthly basis. Therefore the request one (1) prescription of Cyclobenzaprine-Flexeril 7.5mg, #90, is not medically necessary and appropriate.

**The prospective request for one (1) prescription of Pantoprazole-Protonix 20mg, #60, between July 12, 2013 and September 16, 2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Despite review of the reports from July 12, 2013 to November 15, 2013, there is not a mention of the patient's stomach issues. Furthermore, the patient is not taking any NSAIDs prescribed the primary treater for work injury diagnoses. It appears that the patient is on a small doses of Advil 100mg through another physician. The treater does not provide any rationale for the use of proton pump inhibitors (PPIs). MTUS supports prophylactic gastrointestinal (GI) treatments with PPI's for patient that are at risk when taking NSAIDs. In this patient, no such risks are stated such as history of peptic ulcer disease, Cardiovascular disease, concurrent use of anti-coagulants, aprine, etc. Therefore the request one (1) prescription of Pantoprazole-Protonix 20mg, #60, is not medically necessary and appropriate.

**The prospective request for one (1) x-ray to the left knee bwtween July 12, 2013 and September 16, 2013: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for imaging - x-rays

**Decision rationale:** There was no trauma and the patient continues to be symptomatic. The ODG do recommend x-ray imaging for nontrauma, nontumor and nonlocalized pain. This patient appears to suffer from that. Therefore recommendation is for authorization of the requested x-rays of the knee.