

<b>Case Number:</b>	CM14-0216168		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	06/18/2012
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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 was a 65 year old female, who was injured on the job June 18, 2012. The injured worker suffered a mid-back, low back, shoulders, and legs. According to the progress note of November 5, 2014, the injured worker was not currently working. The injured worker was diagnosed with lumbago, lumbar radiculopathy, lumbar disc dysfunction, sacroiliac joint dysfunction, failed back surgery syndrome status post fusion and degenerative disc disease. According to the progress note of November 19, 2014, the injured worker continues to take Norco 10/325mg one tablet three times daily as needed for pain and uses Capsaicin cream to effected areas three times daily. The injured worker had tried epidural injection, surgery on April 1, 2014, pain medication and physical therapy ion the past. The injured worker continues with a home exercise program. The injured worker describes as constant, gripping, stabbing and radiates into both legs with a shooting and electrical sensation. The injured worker has had physical therapy in the past, which was helpful. The injured worker reports not sleeping well. According to the primary treating physician, on November 5, 2014, the injured worker was taking Norco 7.5/325 mg. There was no indication as to why the prescription for Norco was changed it provided some help. The documentation submitted for review failed to support any benefit for using the Capsaicin cream. On December 9, 2014the UR denied prescription authorization for Norco 10/325mg and Capsaicin Cream. The UR denied the Capsaicin cream due to the MTUS guidelines Chronic Pain and Capsaicin topical page 28-29. The Norco was denied based on the MTUS guidelines for ongoing Opioid use.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg TID PRN #45.:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** This patient presents with low back pain. The patient is status post transforaminal epidural steroid injection with myelography from 12/11/2014. The treater is requesting Norco 10/325mg #45. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The records do not show a history of Norco use. The patient's current lists of medications include metformin, lovastatin, and lisinopril. Given the patient's chronic pain, the MTUS Guidelines support a trial of opioids and the request is medically necessary.

**Capsaicin cream 0.0255 TID 120 G:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical, Topical analgesics Page(s): 28-29. 111-113.

**Decision rationale:** This patient presents with low back pain. The patient is status post transforaminal epidural steroid injection with myelography from 12/11/2014. The treater is requesting CAPSAICIN CREAM 0.0255 T.I.D. 120 G. The MTUS guidelines on page 28 states, " Recommended only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." The records do not show a history of capsaicin cream use. In this case, there is no documentation of intolerance to other treatments and there is no discussion of response to conventional therapy. The request IS NOT medically necessary.