

<b>Case Number:</b>	CM15-0120741		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	06/01/2012
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 59 year old male, who sustained an industrial injury on 6/1/2012. The mechanism of injury is not indicated. The injured worker was diagnosed as having bilateral foot pain, neuropathic foot pain. Treatment to date has included medications, physical therapy. On 6/4/2015, he complained of a severe flare of pain in the right foot. He reported the pain prevented him from walking for 3 days. He stated his pain shot up to 8/10 and that on this date the pain was down to 5-6/10, while his baseline pain is 4/10. He indicated the injection given at his last visit did not help. He also complained of neck and leg muscle spasms. He felt that Lidoderm did not help his pain. Physical findings revealed a decreased sensation to touch to the feet, and tenderness between the 1st and 2nd toes on the right. Muscle spasms were not indicated in the physical examination on this date. The treatment plan included: Voltaren gel, discontinuation of Lidoderm patches, start Robaxin, start Capsaicin cream, and bilateral axillary crutches for mobility. The treatment plan included: continuation of Voltaren, start Wellbutrin, start Capsaicin cream, start Topamax, and a urine drug screen. The records indicated he had tried Cymbalta, Lyrica, and Gabapentin and felt he had too many side effects from these medications. The records do not indicate when these medications were trialed and failed, or what the side effects were from each of these medications. The records also do not indicate the efficacy for the use of Zorvolex, Zanaflex, or "Kohana".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.75% #60 5 Tubes for Bilateral Foot Pain: Overturned**

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

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

**Decision rationale:** Per the CA MTUS guidelines, capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is derived from chili peppers. It causes vasodilation, itching, and burning when applied to the skin. These actions are attributed to binding with nociceptors, which causes a period of enhanced sensitivity followed by a refractory period of reduced sensitivity. Topical Capsaicin produces highly selective regional anesthesia by causing degeneration of capsaicin-sensitive nociceptive nerve endings, which can produce significant and long lasting increases in nociceptive thresholds. 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). In this case, the records discussed that there was a trial of Cymbalta, Effexor, Lyrica and Gabapentin, which were stopped due to the side effects. The records also indicated the injured worker had been trialed on Zorvolex, Zanaflex, and "Kohana." The criteria for Capsaicin topical as per the CA MTUS guidelines have been met. Therefore, the request for Capsaicin 0.75% #60, 5 tubes for bilateral foot pain is medically necessary.

**Robaxin 500mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66. Decision based on Non-MTUS Citation Drugs.com.

**Decision rationale:** Per Drugs.com, Robaxin (Methocarbamol) is a muscle relaxant. It works by blocking nerve impulses (or pain sensations) that are sent to your brain. The CA MTUS guidelines indicate the mechanism of Robaxin is unknown, but appears to be related to the central nervous system depressant effects with related sedative properties. Per the CA MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The CA MTUS guidelines indicate that Robaxin falls under the category of antispasmodics, which are used to decrease muscle spasm in conditions such as low back pain. In this case, the records indicated the provider started the injured worker on Robaxin on 6/4/2015 for muscle spasms; however, the physical examination on this date does not reveal he was currently having any muscle spasms. Therefore, the request for Robaxin 500 mg #120 is not medically necessary.

