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| <b>Case Number:</b>   | CM15-0123367 |                              |            |
| <b>Date Assigned:</b> | 07/07/2015   | <b>Date of Injury:</b>       | 11/02/2007 |
| <b>Decision Date:</b> | 08/25/2015   | <b>UR Denial Date:</b>       | 06/19/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/26/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 11/02/2007. The injured worker was diagnosed with lumbar radiculopathy and lumbar facet arthropathy. The injured worker is status post lumbar fusion in 2011. Treatment to date has included diagnostic testing with latest magnetic resonance imaging (MRI) in August 2014, surgery, physical therapy, lumbar epidural steroid injections, caudal epidural steroid infusion bilaterally to L3-5 on September 22, 2014 with 50% overall improvement, transcutaneous electrical nerve stimulation (TEN's) unit, cane, home exercise program and medications. According to the primary treating physician's progress report on January 28, 2015, the injured worker continues to experience low back pain with a popping sound and numbness in the bilateral lower extremities to the feet. The injured worker also reports insomnia, gastrointestinal (GI) upset with nausea and weight loss. The injured worker rates his pain level at 3/10 with medications and 10/10 without medications. Evaluation noted a slow antalgic gait with a cane for ambulation. The lumbar spine examination demonstrated tenderness to palpation in the spinal vertebral area of L4-S1 with spasm. Range of motion was limited due to increased pain with flexion and extension. Motor examination demonstrated decreased strength of the extensor muscles along the L4-S1 dermatome in the bilateral lower extremities. Seated straight leg raise was positive at 50 degrees bilaterally. Bilateral anterior shoulder tenderness with decreased range of motion due to pain was noted. Two trigger point injections were administered. Current medications are listed as Fentanyl Patch, Hydrocodone/APAP, Gabapentin, Norflex, Zofran, Pantoprazole, Restone and Zolpidem.

Treatment plan consists of orthopedic spinal evaluation, follow-up with gastroenterologist and the current request for Capsicum Oleoresin cream 0.25% and Lidocaine 5% patches.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Capsicum Oleoresin cream 0.25% #60gm Qty: 60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work injury in November 2007 and continues to be treated for radiating low back pain. Medications are referenced as decreasing pain from 10/10 to 2/10. When seen, he was having worsening pain and medications were causing gastrointestinal upset. Physical examination findings included appearing in moderate distress. There was decreased and painful shoulder range of motion with tenderness. There was a slow antalgic gait with use of a cane. There was moderately decreased lumbar spine range of motion with pain and tenderness. There was decreased lower extremity strength with positive straight leg raising. There was a tender buttock nodule. Capsaicin is believed to work through interference with transmission of pain signals through nerves. It is recommended as an option in patients who have not responded or are intolerant to other treatments. In this case, the claimant has chronic pain and has only responded partially to other conservative treatments. He has localized shoulder and low back pain potentially amenable to topical treatment. Capsaicin was medically necessary.

#### **Lidocaine 5% patch #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113 Page(s): 56-57, 111-113.

**Decision rationale:** The claimant sustained a work injury in November 2007 and continues to be treated for radiating low back pain. Medications are referenced as decreasing pain from 10/10 to 2/10. When seen, he was having worsening pain and medications were causing gastrointestinal upset. Physical examination findings included appearing in moderate distress. There was decreased and painful shoulder range of motion with tenderness. There was a slow antalgic gait with use of a cane. There was moderately decreased lumbar spine range of motion with pain and tenderness. There was decreased lower extremity strength with positive straight leg raising. There was a tender buttock nodule. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain

disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered and topical capsaicin was also prescribed. Lidoderm was not medically necessary.