

<b>Case Number:</b>	CM15-0126445		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	08/27/2009
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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 64 year old male who sustained an industrial injury on 8/27/09 when he was struck in the head by a commercial elevator door causing unconsciousness and knocking him to the floor. He was diagnosed with post-concussive syndrome. He currently complains of continued neck and low back pain. Medication decreases his low back pain by 60%. Medications are Norco, Capsaicin, Relafen, Abilify, alprazolam, Ambien, Motrin, Omeprazole, Terocin patch, Wellbutrin, Silenor. The medication allows him to perform activities of daily living, physical therapy and light housework. Diagnoses include lumbosacral disc degeneration; lumbar disc displacement without myelopathy; long-term medication use; post-concussive syndrome; depression. Treatments to date include physical therapy with benefit; medications which are helpful. In the progress note dated 4/16/15 the treating provider's plan of care includes a request for nabumetone as an anti-inflammatory. On 6/2/15, Utilization Review also evaluated a request for Capsaicin cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.075% cream, #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

**Decision rationale:** Per Guidelines, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations of Capsaicin are 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. Submitted reports have not demonstrated indication for Capsaicin with unspecified dosing, failed conservative treatment or intolerance to oral medications. The Capsaicin 0.075% cream, #1 is not medically necessary and appropriate.

**Nabumetone/Relafen 500mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs, specific drug list & adverse effects Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury of 2009 nor have they demonstrated any functional efficacy derived from treatment already rendered. The Nabumetone/Relafen 500mg, #90 is not medically necessary and appropriate.