

<b>Case Number:</b>	CM15-0170663		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	05/28/2015
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 31 year old male, who sustained an industrial injury on May 28, 2015. He reported low back pain radiating to the left buttock and left leg with associated tingling and numbness. The injured worker was diagnosed as having lumbar radiculopathy. Treatment to date has included diagnostic studies, physical therapy, low back injection, medications and work restrictions. Currently, the injured worker continues to report low back pain radiating to the left buttock and left leg with associated tingling and numbness. The injured worker reported an industrial injury in 2015, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on June 25, 2015, revealed continued pain as noted. It was noted he had completed injections to the low back and 6-7 physical therapy sessions with minimal benefit. It was noted he last worked on May 28, 2015. It was noted he tried Tylenol but it failed to provide relief. It was noted he was not taking any current medications. He rated his pain at 9 on a 1-10 scale with 10 being the worst. Lumbar flexion was noted at 20 out of 60 degrees, extension 5 out of 25 degrees, right lateral bend at 15 out of 25 degrees and left lateral bend at 10 out of 25 degrees. It was noted he had decreased sensation over the left lumbar 4-sacral 1 dermatomes. The RFA included requests for CM4 - Capsaicin 0.05%/ Cyclobenzaprine 4%, (retrospective dispensed 06/25/15) and Nabumetone 750 mg Qty 60 (retrospective dispensed 06/25/15) and was non-certified on the utilization review (UR) on August 19, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nabumetone 750 mg Qty 60 (retrospective dispensed 06/25/15): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Nabumetone (Relafen).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The California chronic pain medical treatment guidelines section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) This medication is recommended for the shortest period of time and at the lowest dose possible. The shortest period of time is not defined in the California MTUS. The requested medication is within the maximum dosing guidelines per the California MTUS. Therefore the request is medically necessary.

**CM4 - Capsaicin 0.05%/ Cyclobenzaprine 4%, (retrospective dispensed 06/25/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids,

bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006)  
There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.