MAXIMUS Federal Services

| Case Number: | CM15-0174668 | | |
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| Date Assigned: | 09/16/2015 | Date of Injury: | 03/15/2011 |
| Decision Date: | 10/23/2015 | UR Denial Date: | 08/24/2015 |
| Priority: | Standard | Application Received: | 09/04/2015 |

## 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 67 year old female, who sustained an industrial injury on 3-15-11. The documentation noted on 7-23-15 the injured worker has complaints of neck pain that is accompanied by tingling constantly in the bilateral upper extremities to the level of the hands and numbness constantly in the right upper extremity to the level of the fingers. The injured worker complains of frequent muscle spasms in the bilateral neck area and the pain aggravated by activity, flexion, extension, repetitive head motions and rotation. The low back pain is aggravated by activity, bending and walking and frequent muscle spasms in the low back. Lower extremity pain and pin in the left hip. The documentation noted that the pain is rated at 4 out of 10 in intensity on average with medications since last visit and 9 out of 10 intensity on average without medications since last visit and the pain is reported as worsened since her last visit. Cervical examination revealed spasms noted bilaterally in the paraspinous muscles and spinal vertebral tenderness noted in the cervical spine C5-7. There is tenderness noted upon palpation at the trapezius muscles bilaterally and bilateral paravertebral C5-7 areas. Range of motion of the cervical spine was moderately limited due to pain and pain was significantly increased with flexion, extension and rotation. Sensory examination shows decreased sensation in the bilateral upper extremities. Motor exam shows decreased strength in the extensor muscles and in the flexor muscles bilaterally. Magnetic resonance imaging (MRI) of the cervical spine dated 6-8-11 showed C4-5 decreased signal intensity of the nucleus pulposus indicative of disc degeneration and there is a 3 to 5 millimeter posterior protrusion of the nucleus pulposus, narrowing of the intervertebral space, anterior osteophytosis and sclerosis of the endplate. The

diagnoses have included cervical radiculopathy; spinal stenosis in cervical region; thoracic or lumbosacral neuritis or radiculitis, unspecified and chronic pain. The documentation noted that the injured worker was status post cervical epidural steroid injection, bilateral C5-7 that took place on 10-3-13 with reports from the injured worker to have 50 to 80 percent overall improvement with good functioning improvement in mobility and sleep and a duration of the improvement was for three months. The injured worker reported on 7-23-15 that the use of anti-seizures class, muscle relaxant, opioid pain medications and capsaicin cream was very helpful and is helpful with an improvement of bathing and her quality of life has been improved as a result with the treatments. The injured worker received on 7-23-15 a toradol-B12 injection. The original utilization review (8-24-15) non-certified the request for capsaicin 0.025% cream #60 grams and cervical epidural at C5-7 with fluoroscopy. The request for tizanidine 2mg #60, acetaminophen and codeine phosphate 300-30mg #90; gabapentin 300mg #90 and trazodone 50mg #60 were certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025% cream #60 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The patient presents on 07/23/15 with neck pain which radiates into the bilateral upper extremities, lower back pain with associated spasms, left shoulder pain, and left hip pain. The pain is rated 4/10 on average, 9/10 at worst. The patient's date of injury is 03/15/11. Patient is status post cervical ESI at C5-7 levels on 10/03/13. The request is for CAPSAICIN 0.025% CREAM #60 GRAMS. The RFA was not provided. Physical examination dated 07/23/15 reveals bilateral spasms in the cervical paraspinal musculature, tenderness to palpation from C5-7, moderately limited cervical range of motion, an decreased strength and sensation in the bilateral upper extremities. The patient is currently prescribed Capsaicin cream, Gabapentin, Tizanidine, Tylenol 3, and Trazodone. Patient is currently working. MTUS guidelines, Topical Analgesics section, pages 111-113, under Capsaicin has the following: "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Capsaicin is allowed for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. MTUS Page 111, under topical analgesics (chronic pain section) states the following: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In regard to the topical compounded cream containing Capsaicin, the requesting physician has not provided evidence that this patient is intolerant of other topical treatments and has not specified where it is to be applied. While progress note dated 07/23/15 notes that this patient does experience benefits through the utilization of Capsaicin cream, MTUS guidelines recommend against the use of topical formulations with Capsaicin unless other treatments have failed to provide the desired benefits, no discussion is provided as to why this particular ointment was chosen over other topical creams. MTUS Guidelines state that

any compounded product that contains at least one drug (or drug class) that is not recommended is not indicated, therefore the compounded cream containing Capsaicin is not supported for use. Therefore, the request IS NOT medically necessary.

**Cervical epidural at C5-7 with fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The patient presents on 07/23/15 with neck pain which radiates into the bilateral upper extremities, lower back pain with associated spasms, left shoulder pain, and left hip pain. The pain is rated 4/10 on average, 9/10 at worst. The patient's date of injury is 03/15/11. Patient is status post cervical ESI at C5-7 levels on 10/03/13. The request is for Cervical epidural at C5-7 with fluoroscopy. The RFA was not provided. Physical examination dated 07/23/15 reveals bilateral spasms in the cervical paraspinal musculature, tenderness to palpation from C5-7, moderately limited cervical range of motion, a decreased strength and sensation in the bilateral upper extremities. The patient is currently prescribed Capsaicin cream, Gabapentin, Tizanidine, Tylenol 3, and Trazodone. Patient is currently working. MTUS Guidelines, Epidural Steroid Injections section, page 46: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. MTUS Guidelines, Epidural Steroid Injections section, page 46 clearly states: "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." In regard to the request for a cervical ESI at the C5-6 level, such injections are not supported per MTUS guidelines. Per progress note dated 07/23/15, this patient underwent a cervical ESI on 10/03/13 with 50-80 percent improvement lasting 3 months. Progress note dated 07/23/15 includes subjective complaints of radicular pain, as well as examination findings demonstrative of neurological compromise in the upper extremities. A diagnostic MRI dated 06/08/11 also includes evidence of foraminal stenosis and impingement at the requested levels. While this patient presents with chronic cervical pain and associated neurological compromise in the upper extremities, MTUS guidelines clearly state that there is insufficient evidence at this time to support the use of epidural steroid injections for radicular cervical pain. Without such support from guidelines, the request cannot be substantiated. The request IS NOT medically necessary.