

<b>Case Number:</b>	CM15-0060155		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	09/23/2013
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Arizona, California  
 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 37 year old male, who sustained an industrial injury on 09/23/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having contusion, sprain/strain, impingement syndrome with rotator cuff tear of the left shoulder, contusion, sprain/strain of the left upper extremity, rash on the right face secondary to Norco use, sleep disorder, anxiety, and depression. Treatment and diagnostic studies to date has included medication regimen, use of an interferential unit, physiotherapy, chiropractic therapy, acupuncture, Functional Capacity Evaluation, magnetic resonance arthrogram of the left shoulder, x-ray of the left shoulder, x-ray of the left humerus, x-ray of the left forearm, and extracorporeal shockwave therapy. In a progress note dated 02/06/2015 the treating physician reports complaints of left shoulder pain radiating to the left upper extremity with numbness and tingling, difficulty falling asleep with disruption in sleep-wake schedule, depression, irritability, and anxiety. The progress note from 02/06/2015 did not include the injured worker's current medication regimen and also did not document the injured worker's pain level as rated on a pain scale prior to use of the injured worker's medication regimen and after use of the injured worker's medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of the current medication regimen. The treating physician requested the medications of Tramadol 50mg with a quantity of 90 for pain, Xanax 0.5mg with a quantity of 30 at bedtime for insomnia, and Capsaicin Cream 0.25% with the quantity of 1 to be applied to the affected body part.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin Cream .025%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** According to the guidelines, topical Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Long-term use is not recommended. It has been studied for fibromyalgia, post-herpetic neuralgia and diabetic neuropathy. In this case, the claimant had also been placed on topical Flurbiprofen and Lidocaine. There is no indication of long-term use of topical analgesics in combination or superiority of one over another. In addition, the claimant did not have the above diagnoses and topical Capsaicin is not medically necessary.

**Tramadol 50mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant was on Tramadol in combination with NSAIDs for months. There was no indication of Tylebol failure or lower dose response. The claimant's response to pain from Tramadol alone cannot be determined. Long-term use of opioids have not been studied nor recommended. Continued use of Tramadol is not medically necessary.

**Xanax .5mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant had insomnia and disturbance in sleep wake cycle for which the claimant had been on Xanax for months. There was no mention of failure of behavioral methods or other sleep agents. The continued and chronic use of Xanax is not medically necessary.