

<b>Case Number:</b>	CM15-0075109		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	03/28/1998
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Texas, 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:

This is a 74 year old male patient, who sustained an industrial injury on 3/28/1998. He reported being involved in a rear end motor vehicle collision. Diagnoses have included cervical disc displacement and degeneration of cervical disc. According to the note dated 4/27/2015, he had complaints of pain in his neck and upper back. According to the progress report dated 2/19/2015, he had complaints of persistent neck pain. He had a problem holding his head up since his surgery. He reported that Capsaicin cream was not helpful. He stated that the Buprenorphine one tablet a day was not helpful for pain. He reported that Norflex and Naproxen were effective at reducing his muscle spasms and reducing his inflammation and that the Diclofenac cream was helpful. Exam of the cervical spine revealed increased muscular tone bilaterally; unable to bring his neck into neutral position and a flexion type deformity when speaking. His upper thoracic spine and lumbosacral junction were tender. The medications list includes Buprenorphine, Capsaicin cream, Diclofenac Sodium, lidocaine patches, Naproxen Sodium and Orphenadrine. He has undergone cervical spine laminoplasty. He has had physical therapy, massage, chiropractic care and acupuncture for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Request: Capsaicin cream 0.075% #1. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants)." (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" Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. The medical necessity of Capsaicin cream 0.075% #1 is not fully established for this patient.

**Diclofenac Sodium 1.5% 60gm #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 04/30/15) Diclofenac, topical (Flector<sup>®</sup>, Pennsaid, Voltaren Gel).

**Decision rationale:** Request: Diclofenac Sodium 1.5% 60gm #1. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "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." Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Any intolerance or contraindication to oral medications is not specified in the records provided. In addition, according to the ODG guidelines, topical diclofenac is "Not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs, after considering the increased risk profile with diclofenac." The medical necessity of Diclofenac Sodium 1.5% 60gm #1 is not fully established for this patient at this juncture.

**Lidocaine patch 5% #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, page 111-113 Lidoderm (lidocaine patch) page 56-57.

**Decision rationale:** Request: Lidocaine patch 5% #60. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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. There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain Guidelines "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants is not specified in the records provided. Intolerance to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of Lidocaine patch 5% #60 is not fully established for this patient.