

Case Number:	CM13-0029414		
Date Assigned:	11/01/2013	Date of Injury:	05/17/2006
Decision Date:	04/17/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/26/2013

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. The expert reviewer is Board Certified in Internal Medicine and Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old female with a date of injury of 05/17/2006. The patient has diagnoses of right shoulder contusion, right shoulder subacromial bursitis, right shoulder Final Determination Letter for IMR Case Number [REDACTED] impingement, decreased range of motion of the right shoulder with adhesive capsulitis, right hip trochanteric bursitis, left hip trochanteric bursitis, status post bilateral carpal tunnel releases, multilevel lumbar facet arthropathy, multilevel bilateral canal stenosis, multilevel bilateral neural foraminal narrowing of the lumbar spine, status post cervical spine surgery, multilevel cervical canal stenosis and neural foraminal narrowing bilateral, lumbar radiculopathy, rule out cervical radiculopathy, right shoulder tendinitis, and status post right shoulder surgery. She was seen on 09/09/2013 for follow-up of neck, left wrist, bilateral upper extremity symptoms, and bilateral lower extremity symptoms. The documentation provided shows that the patient has had extensive acupuncture and chiropractic visits, and 3 epidural injections status post cervical fusion. No documentation was submitted on whether they were effective. The patient notes pain at 8/10 with numbness and tingling in her bilateral upper extremities, which goes to the fingers. Lower back pain is 8/10 with radiation of numbness and tingling to her bilateral lower extremities. The patient notes no changes in her symptoms since her last visit. The patient's medications are Norco 10/325 mg 6 times per day and Topamax 50 mg 1 time per day. The patient is noted to have muscle spasms and decrease in activities of daily living. On exam, the physician notes an antalgic gait, and an abnormal toe and heel walk secondary to pain bilaterally. The physician notes tenderness to palpation on the paracervical and paralumbar musculature, and range of motion to cervical spine and lumbar spine are decreased in all planes. The patient had an EMG/NCS on 09/25/2012. Impression was a normal study. The patient had an MRI of the lumbar spine on 10/30/2012,

which noted grade 1 anterolisthesis L3-4 and L4-5 with retrolisthesis at L5-S1. Canal stenosis includes L3-4 mild to moderate, and L4-5 moderate to severe, L5-S1 moderate canal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUNDED MEDICATION: CAP 0.05% PLUS CYCLO 4% (RETROSPECTIVE: Upheld

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

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

Decision rationale: The patient is a 52-year-old female. The patient is having chronic pain to her neck and back area. Pain for both is 8/10 on this office visit with radiating pain and numbness and tingling to both the upper and lower extremities bilaterally. She continues to have ongoing muscle spasms and decrease in activities of daily living, and continues to utilize capsaicin cream, which notes that it has helped with decreasing her pain. However, the patient noted no change since last appointment date. The California MTUS Guidelines do state that for topical analgesics: they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 non-recommended drug or drug class is not recommended for use. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The cream prescribed has capsaicin 0.05%. The normal formulation is 0.025%. With the 0.05%, there is no indication that this level would provide any further efficacy. There is no documentation to note that the patient has not responded or is intolerant to other treatments. For cyclobenzaprine, it is noted as an option using a short course of therapy. It was noted the addition of cyclobenzaprine to other agents is not recommended. The cream prescribed does have other agents along with cyclobenzaprine, so per the guidelines it would not be recommended. Therefore, the retrospective compounded medication was not medically necessary or appropriate