

<b>Case Number:</b>	CM13-0050191		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/26/1997
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 physician 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:

This is a male patient with a date of injury of 6/26/97. A progress report dated 9/26/13 identifies subjective complaints including persistent neck pain with shooting sensation down to the left upper extremity associated with numbness and tingling. Current medications include naproxen, Soma, Prilosec, and capsaicin topical cream, which he finds overall helpful without mental or gastrointestinal side effects. Objective examination findings identify tenderness to palpation of the right C5-6 and C6-7 cervical interspaces, muscular guarding of the right upper trapezius region and right splenius cervicis muscle. Range of motion of the cervical spine is limited. Manual muscle testing reveals 5-/5 in the right shoulder flexion and abduction, 5-/5 right elbow flexion, 4+/5 right elbow flexion and right handgrip. There is diminished sensation over the right C6 and C7 nerve distribution. Diagnoses include cervical sprain/strain; multilevel cervical disc protrusions at C4-5, C5-6, and C6-7 with neuroforaminal stenosis; right cervical radiculopathy at C6 and C7; chronic pain syndrome; and chronic reactive clinical depression, secondary to chronic pain. The treatment plan recommends cervical epidural steroid injection, home TENS unit, physical therapy, Soma, Anaprox, Prilosec, and topical cream capsaicin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Capflex-MD-Mild-Tram 0.037/10/205/15%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** Regarding the request for Capflex-MD-Mild-Tram 0.037/10/205/15% cream, all of the components of the cream are not clearly documented, but it is noted to contain capsaicin. The California MTUS cites that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. That has not been documented. Additionally, the California MTUS cites that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Furthermore, the California MTUS cites that any compounded product that contains at least one drug (or drug class) that is not recommended individually, is not recommended as a compounded whole. In light of the above issues, the request is not medically necessary.