

Case Number:	CM13-0053448		
Date Assigned:	04/09/2014	Date of Injury:	10/27/2008
Decision Date:	05/08/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 34 year old male with an injury date on 10/27/08. Based on the 08/23/13 progress report provided by [REDACTED], the patient's diagnosis include lumbar disc displacement, syndrome postlaminectomy lumbar, and chronic neck pain. [REDACTED] has retrospective requests for topical Capsaicin 0.075% cream (dispensed 08/23/13) and Cyclobenzaprine- Flexeril 7.5 mg #90 (ordered 08/23/13). [REDACTED] is requesting for retrospective topical Capsaicin 0.075% cream and retrospective Cyclobenzaprine- Flexeril 7.5 mg #90. The utilization review determination being challenged is dated 11/15/13 and recommends denial of both the Capsaicin 0.075% cream and Cyclobenzaprine-Flexeril 7.5 mg #90. [REDACTED] is the requesting provider, and he provided treatment reports from 08/23/13-02/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE TOPICAL CAPSAICIN 0.075% CREAM DISPENSED 8/23/13:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Page(s): 29.

Decision rationale: According to the 08/23/13 progress report by [REDACTED], the patient presents with lumbar disc displacement, syndrome postlaminectomy lumbar, and chronic neck pain. The retrospective request is for topical Capsaicin 0.075% cream. The request was denied by utilization review letter dated 11/15/13. The California MTUS page 111 states that these topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Capsaicin is indicated, however, for chronic non-specific back pain per MTUS p29. The dose at which this topical product is effective is at 0.025% and the current request is for Capsaicin at 0.0375%, dose that is specifically indicated by MTUS to be unnecessary. Recommendation is for denial.

RETROSPECTIVE CYCLOBENZAPRINE-FLEXERIL 7.5MG ORDERED 8/23/13 #90:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: According to the 08/23/13 progress report by [REDACTED], the patient presents with lumbar disc displacement, syndrome postlaminectomy lumbar, and chronic neck pain. The retrospective request is for Cyclobenzaprine- Flexeril 7.5 mg #90. The request was denied by utilization review letter dated 11/15/13. The patient received prescription for Cyclobenzaprine Flexeril 7.5 mg on 08/23/13. The progress report dated 01/31/14 also notes that the patient received prescription for Cyclobenzaprine Flexeril 7.5 mg. The California MTUS, page 64, in relation to Flexeril indicates recommendation for short course of therapy and limited, up to 3 weeks. Also, mixed-evidence does not allow for a recommendation for chronic use. The records appear to indicate that the patient has been on long term use of Flexeril, which is not supported by the guidelines noted above. Recommendation is for denial.