

Case Number:	CM14-0105069		
Date Assigned:	07/30/2014	Date of Injury:	12/01/2009
Decision Date:	09/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/08/2014

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 & Rehabilitation, Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 31 year old male who reported an injury on 12/01/2009. The mechanism of injury was not specified. His diagnoses included sprain/strain of the neck, sprain/strain of the wrist, and sprain/strain of the lumbar spine. His previous treatments, diagnostics, and surgeries were not provided. On 06/18/2014. He was noted to have left knee pain that had gotten worse. Upon physical examination, it was noted that he had moderate pain to the lumbar spine when palpated as well as with the left knee. His medications included Cyclobenzaprine 7.5mg taken as needed, Capsaicin 60gm, and Cyclobenzaprine 2% 60 gm. The treatment plan was for Cyclobenzaprine 2% 60gm apply twice daily, and capsacin/menthol 60gm x2 months. The rationale for request and the request for authorization form were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2% , 60gm apply BID: Upheld

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

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

Decision rationale: Based on the clinical information submitted for review, the request for Cyclobenzaprine 2% 60gm apply twice daily is not medically necessary. As stated in California MTUS Guidelines, there is no evidence of use for a muscle relaxant as a topical product. The injured worker reported knee and lumbar pain. He was noted to be taking cyclobenzaprine 7.5mg orally and a clear rationale for the necessity of an additional topical formulation was not provided. Additionally, the guidelines specifically do not recommend topical of use muscle relaxants. As such, the request for Cyclobenzaprine 2% 60gm apply twice daily is not medically necessary.

capsaciin/ menthol 60gm x2 months: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Based on the clinical information submitted for review, the request for capsaicin/ menthol 60gm x2 months is not medically necessary. As stated in California MTUS Guidelines, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Topical capsaicin has moderate to poor efficacy and may be useful in patients whose pain has not been controlled successfully with conventional therapy. The injured worker reported knee and lumbar pain. His medication consisted of Cyclobenzaprine 7.5mg. Although Capsaicin is recommended as an option for patients who have not responded to other treatments, it is unknown what the injured worker's previous treatments have entailed due to the lack of clinical documentation. The effectiveness of the oral Cyclobenzaprine was not specified, but there was no documentation showing an intolerance. Furthermore, the request failed to provide the formulation of the requested Capsaicin, which if it is very high it should be considered experimental. Also, there were no directions as to how the medication will be used to include frequency. As such, the request for Capsaicin/Menthol 60gmm x2 months is not medically necessary.