

<b>Case Number:</b>	CM14-0164446		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	04/10/2007
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Georgia. 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 claimant is a 52 year old male presenting with pain following a work related injury on 05/10/2007. The claimant was diagnosed with degenerative disc disease, lumbar spine, spinal stenosis, facet arthropathy, radiculopathy and cervical degenerative disc disease with cervical stenosis. On 02/28/2014, the claimant complained of back, left leg, neck and left arm pain. The claimant's medications included Flexeril, Prilosec, Senna, and Norco. The physical exam showed mildly antalgic gait, tenderness in the neck, the thoracic spine and the lumbar spine, limited range of motion of the neck and the lumbar spine, decreased sensation in the L4 and L5 dermatomes on the left, decreased sensation in the C6 and C7 dermatomes on the left, weakness in the L4, L5 and S1 on the left measuring 4/5 as well as weakness in the C4, C5, C6 and C7 dermatomes measuring 4/5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CM4 Cap plus Cyclo 4% capsaicin lotion:** 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): 111-112.

**Decision rationale:** CM4 Cap plus Cyclo 4% Capsaicin lotion is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended". Additionally, Per California MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the compounded mixture is not medically necessary.