

<b>Case Number:</b>	CM14-0071048		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	05/05/2011
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 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 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:

According to the records made available for review, this is a 52-year-old male with a 5/5/11 date of injury. At the time (3/6/14) of the request for authorization for Caps/Cyclo cream 0.05%-4% and Pain Management Consultation with [REDACTED], there is documentation of subjective (low back pain, radiation of pain down both his lateral thighs, left side greater than right) and objective (palpation tenderness in both lower lumbar facet regions, lumbar extension limited to 10 degrees because of increased pain, tibialis anterior, extensor hallucis longus, and inversion are 4+/5 on the left) findings, current diagnoses (herniated nucleus pulposus at L4-5 and L5-S1 and multilevel facet arthropathy), and treatment to date (medication and a home exercise program). Regarding Pain Management Consultation with [REDACTED], there is no documentation clarifying how Pain Management Consultation with [REDACTED] will aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caps/Cyclo cream 0.05%-4%:** 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): 111-113.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of herniated nucleus pulposus at L4-5 and L5-S1 and multilevel facet arthropathy. However, the requested Caps/Cyclo cream 0.05%-4% contains at least one drug (cyclobenzaprine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Caps/Cyclo cream 0.05%-4% is not medically necessary and appropriate.

**Pain Management Consultation with [REDACTED]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page(s) 127.

**Decision rationale:** MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of herniated nucleus pulposus at L4-5 and L5-S1 and multilevel facet arthropathy. However, there is no documentation clarifying how Pain Management Consultation with [REDACTED] will aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for Pain Management Consultation with [REDACTED] is not medically necessary and appropriate.