MAXIMUS Federal Services

Case Number:	CM14-0188757		
Date Assigned:	11/19/2014	Date of Injury:	12/27/2009
Decision Date:	01/15/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/12/2014

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 and Rehabilitation 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 underlying date of injury in this case is 12/27/2009. The physician review currently under appeal is dated 10/24/2014. On 10/21/2014, the patient's primary treating physician saw the patient in followup regarding chronic low back pain with radiculopathy as well as chronic mid back pain, right shoulder arthralgia, bilateral ankle arthralgia, right elbow arthralgia, lumbar degenerative disc disease with multilevel foraminal stenosis, herniated nucleus pulposus at the lumbar spine with stenosis, and neck pain. The treating physician reviewed treatment options with the patient and recommended a home exercise program. Overall the patient was doing well after epidural steroid injection. The patient also was noted to have done well with aquatic therapy with regard to weight loss and wished to continue. The treatment recommendations recommended tramadol/APAP. The patient also was noted to use a topical capsaicin ointment in order to reduce her oral medication intake consistent with her primary treating provider's recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

5% Capsaicin and 4% Cyclobenzaprine lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28-29.

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on topical analgesics, state that this class of medications is largely experimental in use, with few randomized control trials to determine efficacy or safety. The medical records do not discuss details regarding the rationale for the component medications requested in this compounded product. Additionally, the concentration of capsaicin requested exceeds the treatment guidelines. Most notably, cyclobenzaprine is a muscle relaxant, and this class of medications is specifically not recommended for topical use. For these multiple reasons, the request is not supported by the medical records and treatment guidelines. This request is not medically necessary.