MAXIMUS Federal Services

Case Number:	CM14-0192639		
Date Assigned:	11/26/2014	Date of Injury:	06/25/2014
Decision Date:	01/13/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/18/2014

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 Internal Medicine 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 an injured worker with neck and back complaints. Date of injury was 6/25/2014. Mechanism of injury was motor vehicle accident. Cervical spine magnetic resonance imaging dated 8/29/14 demonstrated straightening of the cervical spine seen. The marrow signal is unremarkable. No fracture is seen. The vertebral alignment is maintained with no spondylolisthesis visualized. There is no abnormal signal or mass within the cervical spinal cord. The cerebellar tonsils are well positioned. The paraspinal musculature and soft tissue appear within normal limits. Disc desiccation is noted at C2-3 to C6-7 levels. Mucosal thickening was seen in left maxillary sinus. Lumbar spine magnetic resonance imaging dated 8/29/14 demonstrated straightening of the lumbar spine seen. There is no evidence of an occult fracture. The vertebral body heights and marrow signal are normal with normal alignment. There is no destructive bony lesion. The conus medullaris terminates at L1 and is normal in appearance. The distal spinal cord and cauda equina are normal. The paraspinal soft tissues are unremarkable. Disc hydration is in normal limits. Thickening of the urinary bladder wall was seen. The progress report dated 10/7/2014 documented objective findings including tenderness in the bilateral paraspinal muscles and lumbar mid line, decreased motor strength in the right upper extremity, and decreased range of motion in the cervical and lumbar spine. Lasegue's maneuver, Lhermitte's sign and straight leg raise were negative. He had no Hoffman's, Babinski or clonus. The treatments have consisted of physical therapy and acupuncture and chiropractic therapy. He also utilized Aleve and Advil. Diagnosis was cervical and lumbar spine injury. Topical compound cream containing Capsaicin and Cyclobenzaprine was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of CM4 caps 0.05% + Cyclo 4%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical; Topical Cyclobenzaprine.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. There is no evidence for use of a muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medical records document cervical and lumbar spine conditions. California MTUS Chronic Pain Medical Treatment Guidelines do not support the use of topical products containing the muscle relaxants. Cyclobenzaprine is a muscle relaxant. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS does not support the use of a topical analgesic containing the muscle relaxant Cyclobenzaprine. Therefore, the request for topical compound cream containing Capsaicin and Cyclobenzaprine is not supported. Therefore, the request for 1 prescription of CM4 caps 0.05% + Cyclo 4% is not medically necessary.