

Case Number:	CM14-0193080		
Date Assigned:	11/26/2014	Date of Injury:	01/28/2002
Decision Date:	01/13/2015	UR Denial Date:	10/23/2014
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 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:

This 62 year-old patient sustained an injury on 1/28/2002 while employed by [REDACTED]. Request(s) under consideration include Topical Compound CM4- Caps 0.05% and Cyclo 4%. Diagnoses include lumbosacral disc degeneration/ facet arthropathy; left shoulder impingement, chronic pain syndrome; radicular symptoms in left upper and lower extremities; and uncontrolled diabetes mellitus. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing pain complaints. Report of 9/19/14 from the provider noted the patient with neck, low back, and shoulder pain rated at 7-8/10 with associated numbness and tingling down left neck and digits. Exam showed unchanged findings of tenderness at thoracic and lumbar paraspinals, diffuse diminished sensation at left C6-8 and L3-S1 dermatomes with positive SLR. The request(s) for Topical Compound CM4- Caps 0.05% and Cyclo 4% was non-certified on 10/23/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM4- Caps 0.05% and Cyclo 4%: 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: Guidelines support topical Capsaicin 0.025% formulation in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but is considered experimental in higher formulated doses of Caps 0.05%. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2002 without documented functional improvement from treatment already rendered. The Topical Compound CM4- Caps 0.05% and Cyclo 4% is not medically necessary and appropriate.