

<b>Case Number:</b>	CM15-0000374		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 45 year old female with a date of injury as 02/20/2013. The cause of the injury occurred when she was painting the inside of a jacuzzi, when she tripped over the edge and fell injuring her right ankle and right leg. The current diagnoses include medication induced gastritis, cervical spine sprain/strain with myospasms, lumbar spine sprain/strain, lower extremity neuropathy, right knee sprain/strain status post left lower leg surgery, left ankle pain, left foot pain, right ankle sprain/strain, sensory peripheral polyneuropathy, right knee degenerative enthesophyte, bilateral ankle heel spurs, status post ORIF of the tibia and fibula, chronic pain, tension headaches, and insomnia. Previous treatments include medications, physical therapy, shoe insoles, and surgery. Primary treating physician's reports dated 08/26/2014 through 11/24/2014, initial orthopedic evaluation dated 12/03/2014, and urine drug screenings dated 08/26/2014 through 11/24/2014 was included in the documentation submitted for review. Report dated 11/24/2014 noted that the injured worker presented with complaints that included constant neck pain, right shoulder pain, right knee pain, low back pain, bilateral ankle and foot pain, and worsening pain that radiates up and down her leg. Physical examination revealed cervical spine, lumbar spine, right knee, and left foot and ankle tenderness, decreased range of motion in the cervical spine, lumbar spine, and right knee. Treatment plan consisted of continued acupuncture, request for MRI's, EMG/NCV test, orthopedic consultation, podiatry consultation, refilling medication, and new prescriptions for gabapentin and compound cream. Report dated 08/26/2014 notes that the injured worker is unable to do house chores and difficulty with sitting and walking more than one hour. The injured worker is on modified work

restrictions, but if this is not available then she will be placed on temporary total disability per the 11/24/2014 report. The utilization review performed on 12/10/2014 non-certified a prescription for capsaicin/cyclobenzaprine topical compound based on evidence-based guidelines specifically state that there is no evidence for use of any muscle relaxants as a topical product. The reviewer referenced the California MTUS in making this decision.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Compounded medication(Capsaicin/ Cyclobenzaprine) unknown duration/quantity/dosage:** 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:** 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 pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded muscle relaxant over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of muscle relaxants for this February 2013 injury without improved functional outcomes attributable to their use. The Compounded medication (Capsaicin/ Cyclobenzaprine) unknown duration/quantity/dosage is not medically necessary and appropriate.