

<b>Case Number:</b>	CM15-0005344		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	06/20/2012
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 28, 2012. In a Utilization Review Report dated December 15, 2014, the claims administrator failed to approve a request for Calypso cream. Naprosyn was apparently partially approved. The applicant's attorney subsequently appealed. In the IMR application, the applicant's attorney seemingly appealed both Calypso and Naprosyn. The claims administrator referenced an October 28, 2014 progress note in its determination. On December 8, 2014, the applicant reported persistent complaints of low back pain radiating to bilateral lower extremities. The applicant was not working, it was acknowledged. Lumbar MRI imaging was endorsed. Medication efficacy and medication lists were not detailed. On November 9, 2014, the applicant reported highly variable 4-8/10 low back pain. The applicant was using Norco and Prilosec. The applicant was not working, it was acknowledged. The applicant was given prescriptions of Norco, Prilosec, and Colace at the bottom of the report. A rather proscriptive 10-pound lifting limitation was renewed. On October 23, 2014, the applicant reported persistent complaints of low back and knee pain, 5-8/10 pain. The applicant was given refills of Norco, Prilosec, and Colace. On September 29, 2014, the applicant was again placed off of work. Once again, no discussion of medication efficacy transpired. The applicant's complete medication list did not appear to have been attached to several of the progress notes at issue. On October 28, 2014, the applicant's pain management physician gave the applicant prescriptions for Naprosyn, Methoderm, Norco, Colace, topical Terocin patches, Theramine, Centra, and GABAdone. 8/10 low pain back was reported.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Calypso Cream 113gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105.

**Decision rationale:** Calypso, per the National Library of Medicine (NLM), is a salicylate topical. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical salicylates such as Calypso are indicated in the chronic pain context present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into its choice of recommendations. Here, however, the applicant continued to report 8/10 pain complaints, despite ongoing issues of Calypso. The applicant was off of work. Ongoing usage of Calypso failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Calypso. Therefore, the request was not medically necessary.