

<b>Case Number:</b>	CM15-0006523		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	06/07/2012
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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, Arizona

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 62-year-old female who reported an injury on 06/07/2012. The mechanism of injury involved heavy lifting. The current diagnoses include grade 1 spondylolisthesis at L4-5, multilevel facet arthropathy of the lumbar spine, lateral recess stenosis at L3-4, multilevel disc herniation of the lumbar spine, bilateral hip arthralgia, and multiple medication allergies. The injured worker presented on 11/07/2014 with complaints of ongoing neck and low back pain. Previous conservative treatment is noted to include chiropractic therapy, acupuncture, physical therapy, and medication management. Upon examination, there was limited range of motion of the lumbar spine secondary to pain, diffuse tenderness to palpation of the lumbar spine, intact sensation, and weakness in the bilateral lower extremities with a positive straight leg raise on the left at 30 degrees. Recommendations included continuation of the current medication regimen. There was no Request for Authorization Form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CM4 Caps 0.05% + Cyclo 4%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Muscle relaxants are not recommended, as there is no evidence for the use of a muscle relaxant as a topical product. Therefore, the current request is not medically appropriate in this case. Additionally, the current request does not include a frequency or quantity. Given the above, the request is not medically necessary at this time.