

Case Number:	CM15-0007298		
Date Assigned:	01/23/2015	Date of Injury:	05/10/2012
Decision Date:	03/20/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/13/2015

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 41-year-old male who reported an injury on 05/10/2012 due to an unspecified mechanism of injury. On 09/03/2014, he presented for a followup evaluation regarding his lumbar spine. He reported low back pain rated at an 8/10. It was noted that he had undergone a TFESI on the left at the L4 and L5 on 08/20/2014 which provided 97% relief for 2 to 3 days which gradually got worse. He also reported difficulty sleeping and not being able to work. A physical examination showed tenderness in the lumbar spine into the paraspinal musculature, more on the left than the right. Lumbar range of motion was moderately limited universally and there was decreased sensation in the left L4 dermatome. Strength was a 5/5 throughout and reflexes in the lower extremities were equal bilaterally. Facet challenge was positive, eliciting pain down into the left knee and straight leg raise elicited increased numbness and tingling into the lateral foot on the left at 80 degrees. He was diagnosed with lumbar radiculopathy and lumbar HNP. His medications included Naprosyn and topical cream for neuropathic pain. The treatment plan was for a CM4 (Capsaicin cyclobenzaprine 0.05-5 percent) (prescribed on 10/29/2014). The rationale for treatment was to alleviate the injured worker's neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM4 (Capsaicin Cyclobenzaprine 0.05-4 percent) (prescribed on: 10/29/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 11/21/2014) Compounded Drugs, Criteria for Compounded Drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It is stated that any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Based on the clinical documentation submitted for review, the injured worker was noted to have neuropathic pain. However, there is a lack of documentation showing that he tried and failed recommended first line therapy medications to support the request for topical analgesic. In addition, topical capsaicin is only recommended in those who are intolerant or have not responded to all other treatment modalities. The documentation does not indicate that this applies to the injured worker and therefore, the request for a cream containing topical capsaicin would not be supported. Furthermore, cyclobenzaprine is not recommended by the guidelines for topical use. As such, the request would not be supported. Therefore, the requested topical medication would not be supported. As such, the request is not medically necessary.