

<b>Case Number:</b>	CM15-0138326		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	10/21/1999
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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, California

Certification(s)/Specialty: Family Practice

### 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 male, who sustained an industrial injury on 10/21/1999. The records did not include details regarding the initial injury. Diagnoses include multilevel lumbar disc herniation, radiculopathy, degenerative disc disease, left shoulder impingement, left lateral epicondylitis, left shoulder SLAP lesion and partial extensor tendon tear. Treatments to date include medication therapy, physical therapy, chiropractic therapy and acupuncture. Currently, he complained of neck and back pain with associated pain and numbness radiating to the left arm and down the lower extremity on 6/1/15. On 6/1/15, the physical examination documented lumbar tenderness and muscle spasms with decreased range of motion and decreased sensation noted to the left lower extremity. The patient has had complaints of stomach pain. The patient has had normal hepatic and renal function on lab report. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided. The plan of care included a prescription for CM4-Caps 0.05% and Cyclo 4%. The medication list includes Norflex, Tramadol and Norco. The patient had received an unspecified number of the chiropractic visits for this injury.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. Cyclobenzaprine is a muscle relaxant. Per the cited guidelines, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Cyclobenzaprine and Capsaicin are not recommended by MTUS. The medication CM4- Caps 0.05% - Cyclo 4% is not medically necessary for this patient.