

Case Number:	CM15-0138500		
Date Assigned:	07/28/2015	Date of Injury:	04/08/2015
Decision Date:	08/28/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	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, 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 48-year-old who has filed a claim for low back pain reportedly associated with an industrial injury of April 8, 2015. In a utilization review report dated June 12, 2015, the claims administrator failed to approve a request for a capsaicin, cyclobenzaprine containing topical compounded cream. The claims administrator referenced an RFA form on May 19, 2015 and an associated progress note of May 8, 2015 in its determination. The claims administrator invoked the MTUS Chronic Pain Medical Treatment Guidelines in its determination, despite the fact that this did not appear to be a chronic pain case as of the date of the request. The applicant's attorney subsequently appealed. On said May 19, 2015 RFA form, a trial of chiropractic manipulative therapy, a lumbar support, a cane, oral gabapentin, oral Relafen, and the topical compounded agent in question were endorsed, along with electrodiagnostic testing of the bilateral lower extremities. In an associated progress note of the same date, May 19, 2015, the applicant presented with the primary complaint of low back pain. The applicant was diabetic, it was acknowledged. A rather proscriptive 10-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitation in place, although this was not explicitly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM4 - Capsaicin 0.05% plus Cyclobenzaprine 4% Cream: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49; 47.

Decision rationale: No, the request for a capsaicin, cyclobenzaprine containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49, topical medications such as the capsaicin and cyclobenzaprine containing compound in question are deemed "not recommended." The applicant's concomitant provision with multiple first-line oral pharmaceuticals including Relafen and Neurontin, furthermore, effectively obviated the need for the topical agent in question. Therefore, the request was not medically necessary.