

Case Number:	CM15-0141101		
Date Assigned:	07/30/2015	Date of Injury:	05/20/2015
Decision Date:	08/28/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/20/2015

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 37-year-old female, who sustained an industrial injury on 5-20-2015. She reported pain in her neck. Diagnoses have included neck pain, mid back pain and cervical radiculopathy. Treatment to date has included medication. According to the Doctor's First Report of Occupational Injury or Illness dated 6-12-2015, the injured worker complained of pain in her neck, back and bilateral upper extremities. She rated her neck pain as six out of ten with radiation of pain, numbness, tingling and weakness into the bilateral upper extremities. Physical exam revealed tenderness to palpation about the cervical and thoracic spines. Cervical spine x-rays showed C5-6 severe disc space narrowing, spondylosis and kyphosis. Authorization was requested for a med panel and CM4 -Caps 0.05 percent + Cyclo 4 percent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med panel: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McPherson & Pincus: Henry's clinical diagnosis and management by Laboratory Methods, 21st ed. Chapter 8 - Interpreting Laboratory Results.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: Per MTUS Guidelines, med panel to consist of drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; and may be indicated for this acute injury of May 2015. Presented medical reports from the provider have pain symptoms with clinical findings of restricted range and tenderness for acute injury condition. Documented new injury with initial evaluation may warrant UDS. The Med panel is medically necessary and appropriate.

CM4 - Caps 0.05% + Cyclo 4%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain procedure - Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and extremity pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded muscle relaxant and Capsaicin over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Per Guidelines, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations of Capsaicin are generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.05% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Submitted reports have not demonstrated indication for Capsaicin with unspecified dosing, failed conservative treatment or intolerance to oral medications. Guidelines do not recommend long-term use of this muscle relaxant for this injury without improved functional outcomes attributable to their use. The CM4 - Caps 0.05% + Cyclo 4% is not medically necessary and appropriate.