

<b>Case Number:</b>	CM15-0141328		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	10/22/2004
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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 60-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 22, 2004. In a Utilization Review report dated July 7, 2015, the claims administrator failed to approve a request for topical compounded agent. An RFA form received on June 30, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On May 29, 2015, the applicant reported ongoing complaints of neck and low back pain. The applicant was on Tylenol No. 3, Relafen, Neurontin, Prilosec, and capsaicin-containing cream, it was reported. Multifocal pain complaints were reported. The topical compounded agent in question was endorsed, along with Tylenol No. 3, Neurontin, and Prilosec. Work restrictions were imposed. In an applicant questionnaire dated May 29, 2015, the applicant did seemingly suggest that she was, in fact, working with restrictions in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of CM4-Caps 0.0%/Cyclo 4%:** 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).

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

**Decision rationale:** No, the request for a capsaicin-cyclobenzaprine-containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine, i.e., the secondary ingredient in the compound, are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's ongoing usage of numerous first line oral pharmaceuticals, to include Tylenol No. 3, Neurontin, Relafen, etc., effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compounded agent in question. Therefore, the request was not medically necessary.