

Case Number:	CM15-0166977		
Date Assigned:	09/04/2015	Date of Injury:	03/20/2001
Decision Date:	10/13/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/25/2015

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: 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 injured worker is a 58-year-old male, who sustained an industrial injury on 3-20-2011. The medical records submitted for this review did not include documentation regarding the initial injury. Diagnoses include anterolisthesis, herniated nucleus pulposus of cervical and lumbar spines, adjacent segment disease of cervical and lumbar spine, radiculopathy, status post cervical and lumbar fusion, and status post bilateral hip replacements. Treatments to date include activity modification, medication therapy, physical therapy, chiropractic therapy and steroid epidural injections. Currently, he complained of ongoing neck and low back pain. The records indicated a cervical epidural administered on 7-2-15 and a lumbar epidural provided on 7-16-15 helped significantly. Current medications included Norco twice a day, Naproxen, as needed, Gabapentin three times a day and topical Ketoprofen cream. Medications were noted to decreased pain 50% and increase functional ability noted to increase tolerance to stand and walk. The medical records documented Tylenol #3 was prescribed in March 2015 and changed to Norco in May 2015 for increased pain management. On 7-20-15, the physical examination documented cervical and lumbar spine tenderness with bilateral cervical facet loading. The plan of care included ongoing medication management. This appeal request authorization of CM3-CAPS 0.05% + Cyclo 4% #1. The Utilization Review dated 8-18-15 denied the request stating, "The MRUS Chronic Pain Medial Treatment Guidelines note that topical analgesics are largely experimental in use."

IMR ISSUES, DECISIONS AND RATIONALES

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

CM4- Capsaicin 0.05% and Cyclobenzaprine 4% #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as cyclobenzaprine, as a topical product. As at least one of the medications in the requested compounded medication is not supported by the guidelines, the request for CM4- Capsaicin 0.05% and Cyclobenzaprine 4% #1 is determined to not be medically necessary.