

Case Number:	CM15-0169308		
Date Assigned:	09/10/2015	Date of Injury:	02/03/2010
Decision Date:	10/13/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/27/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 49-year-old male, with a reported date of injury of 02-03-2010. The mechanism of injury was the result of a twist to his left wrist and hand. The injured worker's symptoms at the time of the injury included pain in his left wrist and hand. The diagnoses include multilevel disc herniations of the cervical spine, facet arthropathy of the cervical spine, and cervical stenosis at C5-6 and C6-7. Treatments and evaluation to date have included oral medications, topical pain medication, nine acupuncture sessions, four chiropractic therapy sessions, and a right wrist brace. The diagnostic studies to date were not included in the medical records. The medical report dated 07-08-2018 indicates that the injured worker underwent an MRI of the right shoulder on 10-05-2012 which showed moderate rotator cuff tendinosis and slap lesion; x-ray of the right shoulder with no abnormalities; x-ray of the right wrist with no abnormalities; and x-rays of the bilateral elbows with no abnormalities. The progress report dated 07-29-2015 indicates that the injured worker had a follow-up regarding his neck and low back complaints. He stated that his symptoms had remained unchanged. The injured worker last worked in 2010. The injured worker continued to report a constant stabbing pain that radiated into his bilateral shoulder blades, right worse than left; he continued to have frequent headaches, which he associated with his neck pain; and shocking pain and throbbing pain down the right upper extremity which radiated from his elbow and into his wrists. It was noted that the injured worker stated that he continued to have numbness and tingling in his fourth and fifth fingers of his right hand; numbness and tingling in the left hand; intermittent throbbing pain in the left upper extremity, starting at the elbow to the base of his thumb; and increased pain when looking over his shoulder and up and down. The injured worker rated his pain 7-8 out of 10. The physical examination showed an antalgic gait, tenderness to palpation of the cervical spine with spasms,

decreased cervical range of motion, decreased sensation in the C5-C8 dermatomes on the right, and hyperreflexia in the bilateral upper and lower extremity reflexes. The injured worker's disability status was permanent and stationary. The request for authorization was dated 07-08-2015. The treating physician requested the compounded medication (CM4 - Capsaicin 0.05% plus Cyclobenzaprine 4%). On 08-11-2015, Utilization Review non-certified the request for one compound medication: Capsaicin 0.05% and Cyclobenzaprine 4% due to no indication that the injured worker had tried and failed an antidepressant and anticonvulsant; and no indication of what body part the medication would be used to treat.

IMR ISSUES, DECISIONS AND RATIONALES

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

One compound medication (capsaicin 0.05%, cyclo 4%): 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: This medication is a compounded topical analgesic containing capsaicin and Cyclobenzaprine. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. In this case, there is no documentation that the patient has failed other treatments. Capsaicin is not recommended. Cyclobenzaprine is a muscle relaxant. There is no evidence for use of any muscle relaxant as a topical product. This medication contains drugs that are not recommended. Therefore, the medication cannot be recommended. The request is not medically necessary and should not be authorized.