

<b>Case Number:</b>	CM15-0190175		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	05/25/2011
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 60 year old male, who sustained an industrial injury on May 25, 2011, incurring upper and lower back injuries. He was diagnosed with cervical degenerative disc disease, cervical stenosis, cervical facet arthropathy, cervical herniated disc, lumbar herniated disc, lumbar degenerative disc disease, and lumbar stenosis. Treatment included physical therapy and home exercise program, aqua therapy, gym exercising, pain medications, neuropathic medications, muscle relaxants, topical analgesic cream, transcutaneous electrical stimulation unit, and lumbar epidural steroid injection. He underwent a lumbar fusion on March 13, 2014. Currently, the injured worker complained of persistent neck and back pain radiating into the left lower extremity and into his foot rated 7 out of 10 on a pain scale from 1 to 10. He had frequent headaches and light sensitivity. The injured worker had increased muscle spasms in his neck and back. He noted that the medications and topical cream decreased his pain more than 50% and allowed him to walk longer. The treatment plan that was requested for authorization on September 18, 2015, included a prescription for compounded CM4-CAPS 0.05% and CYCLO 4%. On September 10, 2015, a request for the topical compound cream was non-approved by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded CM4-CAPS 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 that "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. 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.