

Case Number:	CM15-0190775		
Date Assigned:	10/02/2015	Date of Injury:	01/08/2013
Decision Date:	11/16/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 female, who sustained an industrial injury on 01-08-2013. The injured worker is currently not working and permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for degenerative disc disease of the lumbar spine, herniated nucleus pulposus of the lumbar spine, lumbar radiculopathy, cervical radiculopathy, right shoulder strain, and thoracic spine sprain-strain. Treatment and diagnostics to date has included physical therapy, trigger point injections, cervical and lumbar spine MRI's, electromyography, massage, epidural injections, and medications. Current medications include Naproxen and Ibuprofen. After review of progress notes dated 06-05-2015 and 07-13-2015, the injured worker reported neck pain rated 9-10 out of 10 and low back pain rated 8 out of 10. Objective findings included decreased cervical, thoracic, and lumbar spine range of motion and tenderness to palpation in the right cervical and lumbar paraspinal muscles and in the right sacroiliac joint. The request for authorization dated 07-13-2015 requested physical therapy, Omeprazole, Naproxen, CM4 capsaicin 0.05% and Cyclobenzaprine 4%, and follow up in 4 weeks. The Utilization Review with a decision date of 09-08-2015 non-certified the request for compound medication: CM4 0.05% and Cyclobenzaprine 4%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: CM4 0.05% + Cyclo 4%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

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

Decision rationale: Per the MTUS guidelines, capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin may have an indication for chronic lower back pain in this context. Per MTUS p 112 "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." Per MTUS CPMTG p113, "There is no evidence for use of any other muscle relaxant as a topical product. [besides baclofen, which is also not recommended]" Cyclobenzaprine is not indicated. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As cyclobenzaprine is not recommended, the compound is not medically necessary.