

<b>Case Number:</b>	CM15-0196198		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	08/25/2004
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 44 year old male with a date of injury of August 25, 2004. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine degenerative disc disease with radiculopathy, lumbar spine disc herniation, left hip trochanteric bursitis, left foot hallux valgus deformity, left foot osteoarthritis, and left ankle pain. Medical records dated March 2, 2015 indicate that the injured worker complained of continued left foot and ankle pain rated at a level of 8 out of 10. A progress note dated September 15, 2015 documented complaints of lower back pain rated at a level of 8 out of 10 with radiation and tingling to the bilateral feet left worse than the right. Per the treating physician (September 15, 2015), the employee was permanent and stationary. The physical exam dated March 2, 2015 reveals painful and restricted range of motion of the left ankle and foot, tenderness to palpation, moderately antalgic gait and short stride length. The progress note dated September 15, 2015 documented a physical examination that showed an antalgic gait, tenderness to palpation of the lumbar spine, decreased range of motion of the lumbar spine, decreased sensation at the left L4, L4, L5 and S1 dermatomes, decreased strength of the left quadriceps, positive straight leg raise bilaterally and positive Lasegue's test bilaterally. Treatment has included medications (Relafen 750mg twice a day and Prilosec 20mg once a day since at least March of 2015; Nabumetone 750mg and CM4-CAPS 0.05% + Cyclo 4% cream noted on September 15, 2015). The original utilization review (October 2, 2015) non-certified a request for CM4-CAPS 0.05% + Cyclo 4% cream and a med panel.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CAPS 0.05% + CYCLO 4% cream (prescribed 9/15/15): Upheld**

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

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

**Decision rationale:** MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. This request is not medically necessary.

**Med panel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Medline plus website <http://www.nlm.nih.gov/medlineplus/ency/article/003642.htm>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Not applicable - Request cannot be interpreted.

**Decision rationale:** This request for a "Med panel" cannot be interpreted. It is unknown what type of medical panel testing is desired; therefore, no guideline can be identified or applied and no clinical rationale can be considered. Therefore this request is not medically necessary.