

Case Number:	CM15-0199133		
Date Assigned:	10/14/2015	Date of Injury:	08/30/2013
Decision Date:	11/20/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/09/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 34 year old male, who sustained an industrial injury on 8-30-2013. The injured worker is being treated for cervical radiculopathy, lumbar herniated nucleus pulposus, lumbar radiculopathy, and lumbar facet hypertrophy and neck pain. Treatment to date has included diagnostics, medications, physical therapy (15 sessions), epidural injections, extracorporeal shockwave therapy (ESWT) and acupuncture (6 sessions). Per the Primary Treating Physician's Progress Report dated 9-04-2015, the injured worker reported aching and stabbing back pain that was worse on the right side. He currently rates his pain as 7 out of 10 and 9 out of 10 at its worst. He has radiation of burning pain down the right lower extremity to the toes and numbness and tingling in the right lower extremity. He also reported burning neck pain that was burning in nature. Most of the pain is on the left side with radiation to the shoulder, left arm, and rated as 5 out of 10. Objective findings included tenderness to palpation over the cervical spine midline around C6-7 and bilateral cervical paraspinals and trapezius muscles with spasms noted. There is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current prescribed medications. Work status was modified. The plan of care included, and authorization was requested on 9-04-2015, for CM4 Caps 0.05%-Cyclo 4%, Cyclobenzaprine 7.5mg #60, and Norco 5-325mg. On 10-2-2015, Utilization Review non-certified the request for CM4 Caps 0.05%-Cyclo 4%.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM4-Caps 0.05%/Cyclo 4% for 30 days: 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: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore the request is not medically necessary.