

<b>Case Number:</b>	CM15-0205061		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	08/08/2013
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 62 year old male patient who sustained an industrial injury on 08-08-2013. The diagnoses include injury to the head, neck, right shoulder, and right upper extremity. Per the doctor's note dated 09-22-2015, he had complaints of pain in his right shoulder that radiates back into the shoulder blade and down his arm radiating along the back of his arm; right elbow pain. Physical examination revealed the right shoulder- tenderness to palpation over the trapezius, AC joint and biceps tendon, pain with range of motion; the right elbow- tenderness along the dorsal and volar aspect including thenar eminence and pain with range of motion. The medications list includes topical analgesic creams. He uses capsaicin cream for pain relief, and states it improves his sleep and increases activity. Lidopro cream gives moderate pain relief. He reports no side effects from the medications. He had a MRI of the right shoulder dated 08-2-2014 which revealed a partial tear of supraspinatus distally at its insertion, acromioclavicular arthropathy, and subacromial-subdeltoid bursitis; a cervical MRI dated 07-29-2014 which showed multilevel disc protrusion effacing the thecal sac; right shoulder MRI on 11/22/14; right elbow MRI on 11/15/14; MRI right wrist on 11/15/14. He has undergone carpal tunnel surgery on 05-14-2015, which gave 70% improvement of symptoms. He had physical therapy sessions, acupuncture visits, chiropractic care and wrist brace for this injury. The treatment plan includes pain management, and injections to the shoulder and elbow. The patient is on modified work duty. A request for authorization was submitted for Compound medication (CM4-Capsaicin 0.05% plus Cyclobenzaprine 4%). A utilization review decision 10/12/2015 non-certified the request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound medication (CM4-Capsaicin 0.05% plus Cyclobenzaprine 4%): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Cyclobenzaprine is a muscle relaxant. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants). (Argoff, 2006) 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. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine is not recommended by the cited guidelines for topical use as cited above because of the absence of high-grade scientific evidence to support their effectiveness. Compound medication (CM4-Capsaicin 0.05% plus Cyclobenzaprine 4%) is not medically necessary for this patient.