

Case Number:	CM15-0206790		
Date Assigned:	10/23/2015	Date of Injury:	02/27/2012
Decision Date:	12/09/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/20/2015

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:

The injured worker is a 51 year old female who sustained an industrial injury on 2-27-12. The injured worker reported back discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for right lumbar radiculopathy, right sacroiliac joint dysfunction, lumbar facet arthropathy, lumbar myofascial strain and lumbago. Medical records dated 9-15-15 indicate pain rated at 5 out of 10. Provider documentation dated 9-15-15 noted the work status as "currently working full time". Treatment has included status post lumber fusion (1-24-13), therapy, Lidopro cream, injection therapy, at least 12 sessions of chiropractic treatments, transcutaneous electrical nerve stimulation unit, Aleve since at least March of 2015, Capsaicin cream since at least May of 2015, lumbar spine computed tomography (3-27-14). Objective findings dated 9-15-15 were notable for decreased sensation to right C2-S2 dermatomes, decreased sensation in right L5 and S1 dermatomes and "mildly antalgic" gait. The treating physician indicates that the urine drug testing result (9-14-15) showed no aberration. The original utilization review (9-24-15) denied a request for one container of Capsaicin 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:

One container of Capsaicin 0.05% and Cyclobenzaprine 4%: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and 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. Moreover MTUS does not recommend Cyclobenzaprine for topical use. This request is not medically necessary.