

Case Number:	CM15-0208426		
Date Assigned:	10/27/2015	Date of Injury:	05/25/2000
Decision Date:	12/15/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/22/2015

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, North Carolina
 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:

The injured worker is a 61-year-old female who sustained an industrial injury on 5-25-2000 and has been treated for cervical strain and facet arthropathy, lumbar radiculopathy, cervical canal stenosis, headaches, and bilateral carpal tunnel syndrome. She is post right carpal tunnel surgery from 9-28-2015. On 9-30-2015, the injured worker reported 8 out of 10 aching neck pain, radiating up her head across her face, and down her bilateral upper extremities. She has continuing headaches, and aching, mid low back pain rated also as 8 out of 10 and radiating down both lower extremities. Objective findings included slow, antalgic gait; tenderness to the cervical, thoracic and lumbar paraspinous facets; and decreased cervical and lumbar range of motion "in all planes." Documented treatment includes epidural steroid injections; physical therapy, chiropractic and acupuncture, "greater than 5 years ago"; and, medication including past trials of Naproxen, Elavil, Effexor, Cymbalta, and Norco. She tried Ultracet, which was being discontinued 9-30-2015, and Voltaren stated as not providing relief. She has also been taking Lyrica and Omeprazole. The treating physician's plan of care includes a trial of Capsaicin cream. A request submitted for CM4-Caps 0.05 percent with cyclo, 4 percent cream, which was denied on 10-15-2015.

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% cream: 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: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. In this case, the compounded product contains Capsaicin 0.05% and Cyclobenzaprine. Capsaicin is only recommended when other agents have failed, and there is no indication that an increase over 0.025% provides any further efficacy. Cyclobenzaprine is a muscle relaxant that is not recommended for topical use. Therefore, the request is not medically necessary or appropriate.