

Case Number:	CM15-0024669		
Date Assigned:	02/17/2015	Date of Injury:	08/08/2013
Decision Date:	03/30/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old male sustained an industrial injury on 8/8/13. He subsequently reports ongoing neck and shoulder pain. Diagnoses include cervical intervertebral disc syndrome, cervical radiculitis/ neuritis and bursitis/ tenosynovitis shoulder. MRIs dated 11/22/14 and 7/29/14 revealed abnormalities to the right wrist, right shoulder and cervical spine. Treatments to date have included chiropractic care, physical therapy. On 2/3/15, Utilization Review non-certified a request for 1 Container of Capsaicin .05 Percent + Cyclobenzaprine 4 Percent (CM-4). The 1 Container of Capsaicin .05 Percent + Cyclobenzaprine 4 Percent (CM-4) was denied based on MTUS Chronic Pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Container of Capsaicin .05 Percent + Cyclobenzaprine 4 Percent (CM-4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for ongoing neck and shoulder pain. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, the requested compounded medication was not medically necessary.