

<b>Case Number:</b>	CM15-0026585		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	11/04/2012
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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  
 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 67-year-old female, with a reported date of injury of 11/04/2012. The diagnoses include herniated nucleus pulposus at L3-4, chronic back pain, and chronic radiculopathy. Treatments have included a single point cane, pool therapy, topical pain medication, 3 sessions of chiropractic care, 4 sessions of acupuncture, and oral pain medication. The progress report dated 12/17/2014 indicates that the injured worker had low back and left lower extremity pain. She indicated that since the last office visit, her symptoms were improving. The injured worker also had weakness in her legs. She rated her low back pain 8 out of 10. She was trying to decrease her medication usage and was using an over-the-counter topical cream, which helped decrease her pain symptoms. The objective findings include diffuse tenderness to palpation of the lumbar spine extending into the bilateral paraspinal region, decreased lumbar range of motion, diminished sensation of the left L5 and S1 dermatomes, and the straight leg raise test on the left side caused tightness into the bilateral legs. The treating physician requested CM4 capsules 0.05% plus cyclobenzaprine 4%. The rationale for the request was not indicated. On 02/03/2015, Utilization Review (UR) denied the request for CM4 capsules 0.05% plus cyclobenzaprine 4% (date of service: 12/17/2014). The UR physician noted that there was no evidence that the injured worker was intolerant of standard of care oral medications. The MTUS Chronic Pain Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CM4 Caps .05 Percent + Cyclo 4 Percent: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic; capsaicin Page(s): 111-113, 28-29.

**Decision rationale:** The patient presents with pain and weakness in her lower back and lower extremity. The request is for CM4 CAPS 0.05% + CYCLO 4%. MTUS guidelines page 111 recommend Capsaicin "only as an option in patients who have not responded or are intolerant to other treatments". MTUS guidelines page 28 and 29 further states that "there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over 0.025% formulation would provide any further efficacy". MTUS guidelines page 111 states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, capsaicin is not allowed at greater than 0.025% concentration per MTUS guidelines and Cyclobenzaprine is not supported by ODG for topical application. The request IS NOT medically necessary.