

Case Number:	CM15-0027772		
Date Assigned:	02/20/2015	Date of Injury:	11/18/1999
Decision Date:	03/30/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/13/2015

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:

This 50 year old man sustained an industrial injury on 11/18/1999. The mechanism of injury is not detailed. Current diagnoses include cervical herniated nucleus pulposus and right sided cervical radiculopathy. Treatment has included oral medications, cervical injections, and medial branch blocks. Physician notes on a PR-2 dated 2/4/2015 show persistent neck and back pain rated 6-7/10 and are relatively unchanged. He is awaiting authorization for cervical epidural steroid injection and right shoulder surgery. It is noted that the worker has trialed Capsaicin cream with good relief. No further details, pain rating scales or functional improvement notes were included. Recommendations include cervical interlaminar steroid injection, refilling of Percocet and capsaicin cream, laboratory work, and follow up in four weeks. On 2/5/2015, Utilization Review evaluated a prescription for CM4-caps 0.05%/Cyclo 4%, that was submitted on 2/5/2015. The UR physician noted topical Cyclobenzaprine is not recommended. Further, any topical application containing an ingredient that is not recommended is not recommended. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

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%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded muscle relaxant over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. There are no evidenced-based studies to indicate efficacy of capsaicin 0.05% formulation. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury without improved functional outcomes attributable to their use. The CM4-Caps -0.05% + Cyclo 4% is not medically necessary and appropriate.