

Case Number:	CM15-0216484		
Date Assigned:	11/06/2015	Date of Injury:	09/15/2013
Decision Date:	12/18/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/03/2015

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: Preventive Medicine, Occupational Medicine

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 38 year old female, who sustained an industrial injury on 09-15-2013. She has reported injury to the neck, upper to mid back, and left ankle-foot. The diagnoses have included chronic neck pain; thoracic pain; lower extremity pain; and status post left ankle arthroscopy with microfracture, on 10-03-2014. Treatment to date has included medications, diagnostics, chiropractic therapy, and surgical intervention. Medications have included Ketoprofen, Tylenol #3, Norco, and Capsaicin cream. A progress report from the treating physician, dated 10-02-2015, documented an evaluation with the injured worker. The injured worker reported neck and upper to mid back pain; the symptoms have remained the same since the last visit; the neck pain is described as a constant tightness and pulling equal across the neck; pain with range of motion, particularly cervical extension; she has intermittent numbness radiating down the left upper extremity to all finger tips; the pain is currently rated at a 9 out of 10 in intensity; the mid back pain is described as a constant "pulling" sensation on the left side; she notes radiating cramping around the left rib cage and occasionally has difficulty with breathing due to the pain; intermittent radiating cramping down the left lower extremity to the toes; the pain is currently rated at 9 out of 10 in intensity; the medication helps decrease her pain by 60% for 4-5 hours; she is able to increase her activities of daily living; increased drowsiness with Norco; she does have left foot pain; the left ankle has improved since her last office visit, and she is no longer utilizing a walker or boot for ambulation; and she has not had any post-operative physical therapy to the left ankle. Objective findings included she is alert, oriented, and in no acute distress; her gait is antalgic and she does have a limp secondary to her foot and

ankle complaints; she is unable to heel or toe walk; she has tenderness to palpation of the cervical and lumbar spine with spasms noted into the bilateral paraspinal region; and straight leg raise test is positive on the left causing pain radiating down to the left ankle. The treatment plan has included the request for Comp Topical Cream CM4 Capsaicin 0.15 percent, Cyclobenzaprine 4 percent Cream; and Norco 5-325 mg #90. The original utilization review, dated 10-21-2015, non-certified the request for Comp Topical Cream CM4 Capsaicin 0.15 percent, Cyclobenzaprine 4 percent Cream; and Norco 5-325 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comp Topical Cream CM4 Capsaicin .05 Percent, Cyclobenzaprine 4 Percent 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): Capsaicin, topical, Cyclobenzaprine (Flexeril), Topical Analgesics.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as cyclobenzaprine, as a topical product. As at least one of the medications in the requested compounded medication is not recommended by the guidelines, the request for comp topical cream CM4 Capsaicin .05 Percent, Cyclobenzaprine 4 percent cream is determined to not be medically necessary.

Norco 5/325 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical

exam. In this case, there is a lack of objective evidence of functional improvement with the previous use of Norco. Additionally, the injured worker reports excessive drowsiness with the use of this medication. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 5/325 MG #90 is not medically necessary.