MAXIMUS Federal Services

Case Number:	CM15-0031915		
Date Assigned:	02/25/2015	Date of Injury:	03/16/2000
Decision Date:	04/06/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 53 year old male, who sustained an industrial injury on 3/16/2000. The diagnoses have included lumbar spine degenerative disc disease with facet arthropathy and lumbar stenosis. Treatment to date has included chiropractic manipulation, physical therapy, acupuncture, transforaminal epidural steroid injections (ESI) of the lumbar spine and medication. According to the Primary Treating Physician's Progress Report dated 1/7/2015, the injured worker complained of constant, stabbing, low back pain. He also complained of constant, radiating burning and pressure down the bilateral lower extremities to toes. He was waiting for authorization of a transforaminal epidural steroid injection (ESI) to the right L4, L5 and S1. Current medications included Soma, Norco and Prilosec. Physical exam revealed diffuse tenderness to palpation of the lumbar spine. Range of motion of the lumbar spine was decreased. Authorization was requested for medications and for an epidural steroid injection (ESI). On 2/9/2015, Utilization Review (UR) non-certified a request for CM4-Caps 0.05% Cyclo 4% 60gm. The Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Guidelines and Official Disability Guidelines (ODG) were cited.

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% 60gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, CM4 CAPS 0.05%, Cyclobenzaprine 4% #60 grams is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine is not recommended. In this case, the injured worker's working diagnoses are lumbar spine degenerative disc disease with facet arthropathy; and lumbar stenosis. There is no clinical indication in the medical record for the topical agent CM4 CAPS 0.05%, cyclobenzaprine 4%. Subjectively, the injured worker has persistent low back pain with no clinical change from month to month. Topical Cyclobenzaprine is not recommended. Any compounded product that contains at least one drug (topical cyclobenzaprine) is not recommended is not recommended. Consequently, CM4 CAPS 0.05%, cyclobenzaprine 4% is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, CM4 CAPS 0.05%, Cyclobenzaprine 4% #60 g is not medically necessary.