

Case Number:	CM15-0039158		
Date Assigned:	03/09/2015	Date of Injury:	04/22/2010
Decision Date:	04/14/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/02/2015

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: Emergency 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 44 year old female, who sustained an industrial injury on 4/22/10. She has reported neck, back and left arm injuries. The diagnoses have included bilateral sacroiliitis, lumbar radiculopathy, lumbar myofascial strain, Left acromioclavicular joint arthritis and left SLAP tear. Surgery included left shoulder arthroscopy 3/16/11. Treatment to date has included medications, 6 sessions of chiropractic, injections, diagnostics, psychologist, and conservative measures. Currently, as per the physician progress note dated 2/4/15, the injured worker complains of neck and low back pain. The back pain also is associated with numbness in the feet. The pain has increased since last visit and rated 8/10 on pain scale. She states that the neck pain radiates to her bilateral upper extremities and she reports headaches about three times a week. She states that she has been using the sauna to try to decrease the pain and heating pads. The current medications included Norflex, Trazadone, and Capsaicin cream. She is scheduled for lumbar Epidural Steroid Injection (ESI) on 2/12/15. She also complains of left shoulder pain especially with overhead activities. She states that the medications and rest ease the pain. Physical exam of the cervical /thoracic and lumbar spine revealed trigger point areas bilateral sacroiliac joints, limited lumbar extension, positive Faber's, Obrien's and straight leg test was positive bilaterally. The treatment plan was for injection, medications, physical therapy and follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM-4 cream (capsaicin 0.05%/cyclobenzaprine 4%) 30 g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medication Page(s): 111.

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

Decision rationale: The requested CM-4 cream (capsaicin 0.05%/cyclobenzaprine 4%) 30 g, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has neck and low back pain. The back pain also is associated with numbness in the feet. The treating physician has documented trigger point areas bilateral sacroiliac joints, limited lumbar extension, positive Faber's, O'Brien's and straight leg test was positive bilaterally. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, CM-4 cream (capsaicin 0.05%/cyclobenzaprine 4%) 30 g is not medically necessary.

Hydrocodone/APAP 10/325 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Hydrocodone/ APAP 10/325 mg Qty 120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck and low back pain. The back pain also is associated with numbness in the feet. The treating physician has documented trigger point areas bilateral sacroiliac joints, limited lumbar extension, positive Faber's, O'Brien's and straight leg test was positive bilaterally. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Hydrocodone/APAP 10/325 mg Qty 120 is not medically necessary.

