

Case Number:	CM15-0043812		
Date Assigned:	03/13/2015	Date of Injury:	03/11/2014
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/09/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57-year-old male who reported injury on 03/11/2014. The documentation of 01/06/2015 revealed the mechanism of injury was the injured worker had a knife that slipped while he was using it and he stabbed his left forearm. The documentation indicated the injured worker had an MRI of the lumbar spine on 11/12/2014. The documentation further indicated the injured worker had no treatment with physical therapy, chiropractic care, acupuncture, injections, or surgery. The injured worker's was noted to have trialed Advil, Motrin, and ibuprofen, and had no relief. The injured worker trialed Tylenol and had no relief. The injured worker was utilizing a topical medication, and had no side effects. The documentation indicated the topical agent, whose name was unknown, decreased pain. The injured worker was utilizing Norco 5/325 mg 7 to 8 per day. The injured worker had complaints of low back pain rated a 9/10. The surgeries were stated to be none. The injured worker underwent x-rays of the lumbar spine on 01/06/2015, which revealed mild spondylosis and an L1 compression fracture. The injured worker had decreased sensation in the right L4, L5, and S1 dermatomes. The injured worker had decreased range of motion. The diagnoses included herniated nucleus pulposus lumbar spine, and lumbar radiculopathy. The treatment plan included a pain management consultation, EMG/NCS, and physical therapy. The medications that were prescribed included capsaicin cream #1 to be used as a topical agent, and Relafen 750 mg #60 twice a day for inflammation, as well as Flexeril 7.5 mg #60 with 1 daily as needed for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin Cream 0.05%, Cyclobenzaprine 4% QTY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin, cyclobenzaprine Page(s): 28, 41.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety 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. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation indicating the injured worker had not responded or was intolerant to other treatments. The request as submitted failed to indicate the frequency and the body part to be treated. As such, the request for capsaicin would not be supported. The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety 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. The guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The clinical documentation submitted for review indicated the injured worker was utilizing an oral muscle relaxant. There was a lack of documentation indicating a necessity for both an oral and topical muscle relaxant. There was a lack of documentation of a trial and failure of antidepressants and anticonvulsants. The request as submitted failed to indicate the frequency and body part to be treated. Given the above, the request for capsaicin cream 0.05%, cyclobenzaprine 4% qty 1 is not medically necessary.