MAXIMUS Federal Services

Case Number:	CM15-0053677		
Date Assigned:	03/27/2015	Date of Injury:	10/06/2009
Decision Date:	05/01/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/20/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 66 year old male, who sustained an industrial injury on 10/06/2009. He reported a lifting type injury resulting in neck and low back pain. Diagnoses include multilevel degenerative disc disease and facet arthropathy, stenosis, status post cervical spine fusion in 2013. Treatments to date include medication therapy, and chiropractic therapy. Currently, they complained persistent and unchanged pain in the neck and low back associated with radiation of symptoms to bilateral upper and lower extremities. On 1/9/15, the physical examination documented limited range of motion in cervical and lumbar spines. There was decreased sensation to left L4 region. The provider documented that the request for epidural steroid injections were approved, however, declined at that time by the injured worker who requested continuation of conservative treatment. The plan of care included following up with an internist regarding stomach complaints, a psychology evaluation and continuation of medication treatments including a topical compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM4 Capsaicin 0.05% + cyclobenzaprine 4% 30 gm cream #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 analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. In addition, there is no evidence that doses above .025% of Capsaicin provide additional benefit. Furthermore the claimant was also taking oral Tramadol and Cyclobenzaprine without noted reduction in use. Since the compound above contains these topical Cyclobenzaprine and a .05% of Capsaicin, the compound in question is not medically necessary.