

Case Number:	CM15-0084944		
Date Assigned:	05/07/2015	Date of Injury:	09/03/2011
Decision Date:	06/09/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	05/04/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 33 year old female, who sustained an industrial injury on 9/3/2011. She reported low back pain. The injured worker was diagnosed as having abdominal pain, lumbar herniated nucleus pulposus, lumbar facet arthropathy. Treatment to date has included medications, hernia surgery, CT scan, acupuncture, chiropractic treatment, physical therapy, and home exercise program. The request is for topical CM4 caps 0.05% and Cyclo 4% cream. On 12/30/2014, she complained of low back pain, and bilateral leg pain. She rated her leg pain as 6/10. She rated her low back pain a 3/10. The treatment plan included: Omeprazole, internal medicine follow up, general surgery follow up. She completed 11 acupuncture visits with no benefit, 18 chiropractic treatments which helped her to "feel better", 24 physical therapy sessions which helped somewhat temporarily to decrease her back pain. On 1/27/2015, she is reported to have continued occasional gastrointestinal upset in the right upper abdominal quadrant. On 4/3/2015, she was seen following hernia surgery. She continues to have pain at the fixation site 6 months after surgery. The records indicated she had increased liver function testing, and gastrointestinal upset.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical CM4 caps 0.05% and Cyclo 4% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

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

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested medication is a compound containing a medication in the muscle relaxant class. The Guidelines do not support the use of topical muscle relaxants. The MTUS Guidelines are silent on the use of topical CM4. However, another drug within this compound is not recommended by the Guidelines, and the literature does not support its use in this setting. Further, the request is for an indefinite supply, which would not account for changes in the worker's care needs. For these reasons, the current request for an indefinite supply of a cream containing "CM4 caps 0.05% and cylco 4%" is not medically necessary.