

<b>Case Number:</b>	CM15-0233488		
<b>Date Assigned:</b>	12/09/2015	<b>Date of Injury:</b>	10/11/2002
<b>Decision Date:</b>	01/12/2016	<b>UR Denial Date:</b>	11/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/30/2015

### 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: Preventive Medicine, Occupational 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 66 year old female, who sustained an industrial injury on 10-11-2002. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculopathy, neck pain, and left shoulder pain. On 10-19-2015, the injured worker reported neck pain that radiated down in between her shoulder blades and up to the top of her head with headaches and left shoulder pain with occasional pain in the left wrist. The Treating Physician's report dated 10-19-2015, noted the injured worker was currently working part time, reporting taking the medication for increased flare-up pain. The injured worker's current medications were noted to include Gabapentin and Naproxen with the injured worker reporting gastrointestinal (GI) irritation with the use of the Naproxen. The physical examination was noted to show tenderness to palpation in the bilateral trapezius muscles with spasms and tenderness to palpation in the midline of the thoracic spine. The left shoulder was noted to have pain with impingement and range of motion (ROM). Prior treatments have included at least steroid injections, 20 sessions of chiropractic treatments, 1 session of acupuncture, at least 6-8 sessions of physical therapy, over-the-counter (OTC) non-steroid anti-inflammatory drugs (NSAIDs) and Tylenol. The treatment plan was noted to include a request for an orthopedic consult, an electromyography (EMG)-nerve conduction study (NCS) of the bilateral upper extremities, request for physical therapy for the neck and mid back, and prescriptions for Neurontin and Capsaicin as a topical cream due to gastrointestinal (GI) irritation with oral non-steroid anti-inflammatory drugs (NSAIDs). The injured worker's work status was noted to be permanent and stationary. The request for authorization was noted to have requested Topical CM4 Caps 0.05%

+ Cyclo 4%. The Utilization Review (UR) dated 11-24-2015, denied the request for Topical CM4 Caps 0.05% + Cyclo 4%.

### **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% + Cyclo 4%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical, Cyclobenzaprine (Flexeril).

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as cyclobenzaprine, as a topical product. As at least one of the medications in the requested compounded medication is not recommended by the guidelines, the request for topical CM4 Caps 0.05% + Cyclo 4% is determined to not be medically necessary.