

Case Number:	CM14-0092116		
Date Assigned:	07/25/2014	Date of Injury:	02/15/2008
Decision Date:	10/20/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/18/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical records reflect the claimant is a 58 year old male who sustained a work injury on 2-15-08. Office visit on 5-20-14 notes the claimant has ongoing neck pain, low back pain and right upper extremity pain. He continues with [REDACTED] for medication management. On exam, the claimant has a non antalgic gait. There was tenderness to palpation of the cervical paraspinals, he has decreased sensation in the right C5, C6, C7 and C8 dermatomes. Strength is decreased on the right. Treatment options discussed. The evaluator recommended consideration of repeating epidural steroid injection, MRI of the cervical spine, continued medications with [REDACTED]. Office vision 7-22-14 notes the claimant reports neck and low back pain and right upper extremity complains. His condition has worsened. The claimant is currently taking Tramadol which helps with his pain. He takes Flexeril every other day. His medications help reduce his pain and improve his ADL. Pain is decreased from 7/10 to 5/10. The claimant reports pain relief with cyclo cream with pain relief. He reports GI upset.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL COMPOUND CM4-CAPSAICIN 0.05%, CYCLOBENZAPRENE 4%: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - topical analgesics

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that topical analgesics 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. There is an absence in documentation noting that this claimant failed first line of treatment or that he cannot tolerate the oral medications that are being prescribed. Therefore, the medical necessity of this request was not established.