

Case Number:	CM14-0210521		
Date Assigned:	01/07/2015	Date of Injury:	03/19/2008
Decision Date:	03/03/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: Texas, Ohio, 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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of March 19, 2008. In a Utilization Review Report dated November 12, 2014, the claims administrator partially approved request for Norco, apparently for weaning purposes, approved a request for Celebrex, and denied a topical compounded medication. The applicant's attorney subsequently appealed. In the IMR application dated November 17, 2014, the applicant's attorney specifically appealed the capsaicin-containing topical compound reportedly dispensed on September 19, 2014. On September 19, 2014, the applicant reported persistent complaints of low back and neck pain. The applicant was using Norco, doxepin, LidoPro cream, Cymbalta, Soma, and Methoderm gel. At the bottom of the report, the attending provider stated that he was renewing Norco and endorsing a capsaicin-cyclobenzaprine containing topical compound. Permanent work restrictions were renewed. The applicant was using a cane to move about. The applicant did not appear to be working with previously imposed permanent limitations. In an applicant questionnaire dated September 19, 2014, the applicant acknowledged that she was not working. 8/10 pain was evident.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Capsaicin 0.05%, Cyclobenzaprine 4%, Anhydrous Lidoderm cream with Lecithin Soya granular and Capsaicin powder dispensed 9/19/14: 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): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formation purpose. This results in the entire compounds carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Norco and Cymbalta, effectively obviated the need for the capsaicin-containing compound at issue. The request for a capsaicin-cyclobenzaprine-Lidoderm compound was not medically necessary, medically appropriate, or indicated here.