

Case Number:	CM14-0218490		
Date Assigned:	01/08/2015	Date of Injury:	08/23/2007
Decision Date:	03/17/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/30/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

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

This 66 year old female sustained a work related injury on 08/23/2007. According to a progress report dated 10/23/2014, the injured worker presented with ongoing neck and back pain. She remained unchanged since her last visit. She used a cane for ambulation. The injured worker reported occasional gastrointestinal upset, but Prilosec decreased this. Treatment history included medications, 11 sessions of chiropractic physiotherapy, 14 sessions of acupuncture, 3 previous transforaminal epidural steroid injections and semi-hemilaminectomy at bilateral L5 and S1 with microdissection of cauda equine and nerve roots. Diagnoses included HNP L5-S1 with moderate to moderate-severe right neuroforaminal narrowing, lumbar radiculopathy, status post MLD dated 08/25/2010, cervical radiculopathy, cervical degenerative disc disease, carpal tunnel syndrome bilaterally, left shoulder impingement, right shoulder arthralgia and NSAID-induced gastritis. According to a supplemental report dated 12/09/2014, Capsaicin cream was proved to decrease potential gastrointestinal irritation from oral medication, decrease reliance on oral medication with potential addictive qualities. On 12/04/2014, Utilization Review non-certified 1 compound medication (Capsaicin 0.05%, Cyclobenzaprine 4%. The request was received on 11/25/2014. According to the Utilization Review physician, The CA MTUS Guidelines state there have been no studies of a 0.0375% formulation of Capsaicin and there was no current indication that this increase over a 0.025% formulation would provide any further efficacy. Moreover, the guidelines also state that other muscle relaxants as a topical agent show no evidence for use. The guidelines state for any compounded product that contains at least 1 drug and its active ingredients that are not recommended the request as a whole in not

recommended by the guidelines. With the requested topical analgesic containing a non-recommended concentration of capsaicin and containing a muscle relaxant, the request at this time is not supported by guidelines. Guidelines cited for this review included CA MTUS Chronic Pain Treatment Guidelines pages 111-113. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication (capsaicin 0.5%, Cyclobenzaprine 4%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: Regarding the request for topical Flexeril, CA MTUS states that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support the use of topical baclofen or any other muscle relaxant as a topical product. Furthermore, the same guidelines specify that if one component of a compounded medication is not recommended, then the entire formulation is not recommended. Given these guidelines, this request is not medically necessary.