

Case Number:	CM15-0005870		
Date Assigned:	01/29/2015	Date of Injury:	10/15/2007
Decision Date:	03/24/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/12/2015

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: Physical Medicine & Rehabilitation

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 57 year old male, who sustained an industrial injury on 10/15/2007. He has reported low back pain and neck pain. The diagnoses have included degenerative disc disease of the lumbar spine; lumbar facet arthropathy; bilateral lumbar radiculopathy; and cervical radiculopathy. Treatment to date has included medications and chiropractic visits. Medications have included Norco, Gabapentin, and LidoPro cream. A progress note from the treating physician, dated 11/06/2014, documented a follow-up evaluation of the injured worker. The injured worker reported constant, aching low back pain, rated at 8-9/10 on the visual analog scale; numbness and tingling down the bilateral lower extremities to toes when sitting for long periods of time; constant aching pain at the neck, rated at 8/10 on the visual analog scale; and increased pain with range of motion. Objective findings revealed mildly antalgic gait; and diffuse tenderness to palpation of the spine including the cervical and lumbar spine. The treatment plan includes continuation/prescriptions for medications; and follow-up evaluation in two months. On 12/31/2014 Utilization Review noncertified a prescription for Follow up Consultation - Orthopedic Spine; and noncertified a prescription for CM4-Caps 0.05 percent, Cyclo 4% #1. The CA MTUS and ODG were cited. On 01/12/2015, the injured worker submitted an application for IMR for review of a prescription for Follow up Consultation - Orthopedic Spine; and a prescription for CM4-Caps 0.05 percent, Cyclo 4% #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up consultation with orthopedic spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment index, Low back, Office visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

Decision rationale: This patient presents with neck, lower back pain with bilateral upper and lower extremity numbness, tingling, and pain. The treater is requesting FOLLOWUP CONSULTATION WITH ORTHOPEDIC SPINE. The RFA was not made available for review. The patient's date of injury is from 10/15/2007 and his current work status is permanent and stationary. The ACOEM Guidelines page 341 supports orthopedic follow-up evaluations every 3 to 5 days whether in-person or telephone. The records show that the patient last saw a doctor on 07/10/2014. In this case, the ACOEM Guidelines supports follow-up evaluations and the current request is reasonable. The request IS medically necessary.

CM4-caps 0.05%, Cyclo 4% quantity 1: 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: This patient presents with neck and low back pain with bilateral upper extremity and bilateral lower extremity numbness, tingling, and pain. The treater is requesting CM4-CAPS 0.05%, CYCLO 4% QUANTITY 1. The RFA was not made available for review. The patient's date of injury is from 10/15/2007 and his current work status is permanent and stationary. The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended." The records do not show a history of CM4-CAPS 0.05%, CYCLO 4% topical cream use. The treater notes that he is requesting this topical compound in an attempt to reduce the patient's usage of oral medications. In this case, cyclobenzaprine is currently not supported in topical formulation based on the MTUS Guidelines. The request IS NOT medically necessary.