MAXIMUS Federal Services

Case Number:	CM15-0008776		
Date Assigned:	01/26/2015	Date of Injury:	11/16/2009
Decision Date:	03/24/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/15/2015

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 51-year-old male who reported an injury on 11/16/2009. The mechanism of injury was not provided. The documentation of 11/12/2014 revealed the injured worker was unchanged since his last visit. The injured worker had ongoing back and abdominal pain. The prior therapies included 25 sessions of acupuncture, 17 sessions of chiropractic care, as well as topical medications which provide 20% relief. The physical examinations revealed the injured worker had tenderness to palpation in the lumbar spine with spasms into the bilateral paraspinal region. The range of motion of the lumbar spine was decreased. Sensation was intact to the lower extremities. The right inversion strength was 4+/5 in the right tibialis anterior and left plantar flexion strength was 5-/5. The diagnoses included L5-S1 moderate to severe bilateral neural foraminal narrowing, grade 1 spondylolisthesis at L5-S1, lumbar radiculopathy, and bilateral L5 spondylosis. The treatment plan included capsaicin and cyclobenzaprine topical ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin/Cyclobenzaprine topical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical AnalgesicsCyclobenzaprineTopical Capsaicin Page(s): 111; 41; 28.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... The guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation indicating the injured worker had not responded or was intolerant to other treatments. The request as submitted failed to indicate the frequency, quantity, and body part to be treated with the topical medication. Given the above and the lack of documentation, the request for capsaicin/cyclobenzaprine topical is not medically necessary.