

Case Number:	CM15-0014501		
Date Assigned:	02/03/2015	Date of Injury:	03/01/2001
Decision Date:	03/23/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/26/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 63 year old female sustained an industrial injury on 3/1/01. She subsequently reports low back pain. The injured worker has undergone spinal fusion surgeries. Medications include Gabapentin and Hydorcodone. The UR decision dated 12/22/14 non-certified a Prescription of Topical Compound CM4 to Include Caps 0.05% and Cyclo 4%. The Topical Compound CM4 to Include Caps 0.05% and Cyclo 4% was denied based on California Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Topical Compound CM4 include CAPs 0.05% and Cyclo 4% btwn dos 11/25/14, 02/17/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one topical compound, CM 4-Capsaicin 0.05% and Cyclobenzaprine 4% date of service November 25, 2014-February 17, 2015. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They 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. Cyclobenzaprine is not recommended. Capsaicin is recommended as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation. There is no current indication that an increase over 0.025% would provide any further efficacy. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the injured worker's working diagnoses are lumbar spondylosis; status post C4 - C7 fusion; status post posterior interbody fusion at L4 - L5 on March 19, 2013; and chronic pain syndrome. Capsaicin is not recommended at 0.05%. Cyclobenzaprine is not recommended. Any compounded product contains at least one drug (capsaicin 0.05% and cyclobenzaprine) that is not recommended is not recommended. Consequently, absent guideline recommendations for Capsaicin 0.05% and Cyclobenzaprine 4%, one topical compound, CM 4-Capsaicin 0.05% and Cyclobenzaprine 4% date of service November 25, 2014-February 17, 2015.