

Case Number:	CM15-0018515		
Date Assigned:	02/06/2015	Date of Injury:	08/02/2013
Decision Date:	03/26/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/31/2015

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: 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] beneficiary who has filed a claim for chronic shoulder back pain reportedly associated with August 2, 2013. In a Utilization Review Report dated December 3, 2014, the claims administrator failed to approve for several topical compounded medications. The claims administrator referenced a November 13, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On January 15, 2015, the applicant reported ongoing complaints of neck, shoulder and wrist pain. The applicant was using Norco, Pamelor, and topical compounds. The applicant was not working and last worked in August 2013. The applicant had received extensive chiropractic manipulative therapy, it was acknowledged. Multiple medications were endorsed. The applicant's work status was not clearly detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound CM4 caps 0.055% and cyclo 4%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9.

Decision rationale: 1. No, the topical compounded CM-4-capsaicin-cyclobenzaprine compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine, one of the primary ingredients in the compound, is not recommended for topical compound formulation purposes. 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 Pamelor, Norco, etc., effectively obviate the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the 'largely experimental' topical compound agent at issue. Therefore, the request was not medically necessary.