

<b>Case Number:</b>	CM15-0110845		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	09/22/2011
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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, New York, 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] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of September 22, 2011. In a Utilization Review report dated May 14, 2015, the claims administrator failed to approve a request for Calypso cream. The claims administrator referenced a RFA form received on April 29, 2015 in its determination. The applicant's attorney subsequently appealed. On March 20, 2015, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar diskectomy surgery. Oral Norco and Calypso cream at issue were dispensed. The applicant's permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place. The ingredients in and/or compositions of the cream in question were not specified, it was further noted. On April 27, 2015, the applicant's secondary treating provider noted that the applicant was off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Calypxo 2% cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics; Functional Restoration Approach to Chronic Pain Management Page(s): 111; 7.

**Decision rationale:** No, the request for a topical compounded Calypso cream was not medically necessary, medically appropriate, or indicated here. As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as the Calypso cream in question are deemed "largely experimental. " Here, the applicant's ongoing usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals such as Norco effectively obviated the need for the largely experimental topical compounded agent in question. It is further noted that the attending provider did not specify the ingredients in and or composition of the Calypso compound in question. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider should be "knowledgeable" regarding prescribing information. Here, clear prescribing information was not furnished. Therefore, the request is not medically necessary.