

Case Number:	CM15-0111593		
Date Assigned:	06/18/2015	Date of Injury:	08/08/2013
Decision Date:	07/22/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	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, California
 Certification(s)/Specialty: Family Practice

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 is a 61-year-old male patient, who sustained an industrial/work injury on 8/8/13. The diagnoses include cervical stenosis, herniated nucleus pulposus, and radiculopathy. He sustained the injury due to involved in motor vehicle accident. Per the doctor's note dated 3/9/2015, he had complaints of neck pain and right upper extremity symptoms-radiation of pain to the shoulder and also numbness to the hands. Topical creams reported to help the pain. The physical examination revealed tenderness to palpation over the trapezius, acromioclavicular joint and biceps tendon, no skin hypersensitivity, pain with range of motion, positive Tinel's, Phalen's and CMC grind, and altered sensation at right C7 distribution. The medications list includes topical analgesic cream. He has had multiple diagnostic studies including cervical MRI on 7/29/14, and 8/2/14 which revealed multilevel disc protrusion; Electromyography and nerve conduction velocity test (EMG/NCV) dated on 10/15/14 which revealed right carpal tunnel syndrome; EMG/NCS dated 1/19/15 which revealed bilateral carpal tunnel syndrome, mild on right and minimal on the left; MRI right shoulder dated 11/22/2014; MRI right wrist dated 11/15/2014; X- Rays of the right shoulder, right elbow and right wrist dated 10/23/14. He has had chiropractic care, acupuncture, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, and steroid injections for this injury. The requested treatments include Compound Medication (Capsaicin .05 Percent, Cyclobenzaprine 4 Percent).

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medication (Capsaicin .05 Percent, Cyclobenzaprine 4 Percent): 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, pages 111-113 Cyclobenzaprine is a muscle relaxant.

Decision rationale: Q--Compound Medication (Capsaicin .05 Percent, Cyclobenzaprine 4 Percent) The MTUS Chronic Pain Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants)." (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine is not recommended by the cited guidelines for topical use as cited above because of the absence of high grade scientific evidence to support their effectiveness. The Compound Medication (Capsaicin .05 Percent, Cyclobenzaprine 4 Percent) is not medically necessary for this patient.