

<b>Case Number:</b>	CM15-0117420		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	10/17/2008
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53-year-old male, who sustained an industrial injury on October 17, 2008. He reported pain in his low back. Treatment to date has included MRI of the lumbar spine, modified work, chiropractic therapy, aqua therapy, physical therapy, transforaminal epidural steroid injections, lumbar spine surgery and medications. Currently, the injured worker complains of ongoing low back pain and notes no significant changes in his overall condition from his previous evaluation. He describes his pain as aching with radiation of numbness, tingling and cramping pain to the bilateral lower extremities. He reports radiation of aching pain to the area between his shoulder blades. His pain is aggravated with prolonged sitting, walking and standing and he has difficulty with activities of daily living such as watering his lawn. He rates the back pain an 8-9 on a 10-point scale. The injured worker also reports aching and stabbing pain in the upper back radiating to the lower ribs. He rates the upper back pain a 6-8 on a 10-point scale. His medication regimen includes Norco, Prilosec, gabapentin, Flexeril, Pamelor, Naproxen and MS Contin. He also uses Ketoprofen and capsaicin cream to help reduce pain and improve sleep. He reports that his medication regimen helps to reduce his pain by 50% and improves his quality of sleep. An EMG of the bilateral lower extremities on 4/24/2014 revealed bilateral S1 radiculopathy. A CT scan of the lumbar spine on 8/22/2013 revealed multilevel annular fissures, spondylosis with disc narrowing and multi-level moderate-sever foraminal narrowing. On physical examination the injured worker uses a cane for ambulation and has a severely antalgic gait. He has tenderness to palpation over the thoracic and lumbar midline and the bilateral paraspinals. His range of motion is limited by pain in the thoracic and

lumbar spine and he has positive facet loading causing back pain and radiation of pain down the right lower extremity. The diagnoses associated with the request include lumbar radiculopathy, lumbar degenerative disc disease, lumbar herniated nucleus pulposus and lumbar facet arthropathy. The treatment plan includes MRI of the thoracic and lumbar spine, bilateral transforaminal epidural steroid injection, continued medications, CM4 capsaicin and cyclobenzaprine cream and CM3 Ketoprofen cream.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**CM4 Cap 0.05%/ Cyclo 4%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p 60 (2) Topical Analgesics, p 111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work injury in October 2008 and continues to be treated for low back pain. When seen, he was having radiating pain into the lower extremities. Pain was rated at 8-9/10. Medications were providing 50% pain relief. Physical examination findings included an antalgic gait using a cane. There was decreased spinal range of motion with pain and tenderness and muscle spasms. Facet loading was positive. Straight leg raising was positive on the right. There was decreased right lower extremity strength. Compounded topical medication containing cyclobenzaprine and capsaicin was prescribed. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. This medication was not medically necessary.