

<b>Case Number:</b>	CM15-0117464		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/17/2015
<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: Arizona, 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:

The injured worker is a 58 year old female, who sustained an industrial injury on 8/9/12. She has reported initial complaints of neck and right shoulder injury. The diagnoses have included status post right shoulder arthroscopy with recurrent rotator cuff tear and herniated cervical disc. Treatment to date has included pain medication, activity modification, off work, diagnostics, surgery and physical therapy. Currently, as per the physician progress note dated 6/9/15, the injured worker complains of neck and right upper extremity pain which is unchanged. The pain is rated 7/10 on pain scale and is intermittent. The objective findings reveal right shoulder range of motion with abduction of 90 degrees, forward flexion of 95 degrees, extension 15 degrees, tenderness to palpation is noted, positive impingement and positive drop arm test. The comprehensive drug panel dated 3/17/15 and 4/28/15 was consistent with the medications prescribed. The physician requested treatments included Cyclobenzaprine HCL 100% compound 120 grams and Capsaicin compound 120 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine HCL 100% compound 120 grams:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine is not recommended due to lack of evidence. In addition, the claimant was previously on topical Flector and use of chronic topical analgesics is not indicated. Since the compound above contains topical Cyclobenzaprine, the compound in question is not medically necessary.

**Capsaicin compound 120 grams:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, Capsaicin are recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. In addition, the claimant was previously on topical Flector and use of chronic topical analgesics is not indicated. The percent of Capsaicin in the compound was not indicated. As per the guidelines, any compounded medication that contains a medication that is not indicated is not indicated. There is insufficient information to justify the use of Capsaicin. Therefore, the Capsaicin is not medically necessary.