

Case Number:	CM15-0121041		
Date Assigned:	07/01/2015	Date of Injury:	08/26/2008
Decision Date:	08/07/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/23/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 injured worker is a 57 year old female who sustained an industrial injury on August 26, 2008. She has reported diffuse neck pain with radiating left upper extremity numbness and tingling and has been diagnosed with cervical multilevel degenerative disc disease with stenosis and C7 radiculopathy left upper extremity and left shoulder RC tendonitis mild impingement. Treatment has included medications, injections, and chiropractic care. Cervical spine reveals mild palpable spasm left greater than right paraspinals, non-tender midline. There was discomfort at endpoints. There was a positive Spurling's to the left upper extremity and C7 distribution tingling. The treatment request included topical compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 gm of topical compound: Capsaicin 0.037%, methyl 5%, camphor 2%, tramadol 8%, cyclobenzaprine 4%, quantity 4: 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 Page(s): 111-113.

Decision rationale: Regarding the request for 1 gm of topical compound: Capsaicin 0.037%, methyl 5%, camphor 2%, tramadol 8%, cyclobenzaprine 4%, and quantity 4, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Muscle relaxants drugs are not supported by the CA MTUS for topical use. Tramadol is not supported in topical form. Within the documentation available for review, none of the above-mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested 1 gm of topical compound: Capsaicin 0.037%, methyl 5%, camphor 2%, tramadol 8%, cyclobenzaprine 4%, quantity 4 is not medically necessary.