

Case Number:	CM15-0122936		
Date Assigned:	07/07/2015	Date of Injury:	09/12/2013
Decision Date:	07/31/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/25/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old male, who sustained an industrial injury on September 12, 2013. He reported an injury to his low back, head, neck and left arm after a fall. Treatment to date has included physical therapy, home exercise program, pain medications, NSAIDS, and chiropractic therapy. Currently, the injured worker complains of an increase in neck pain and a slight decrease in his low back pain. He reports an aching pain and pressure with associated muscle tightness located in the neck and rates his neck pain an 8 on a 10point scale. He reports headaches in the posterior neck region and notes that ibuprofen helps with the headaches. He reports aching, stabbing low back pain which he rates a 6 on a 10-point scale and reports associated numbness and tingling down the bilateral lower extremities. His low back pain is aggravated with prolonged sitting, standing and walking. He reported that he has completed eight visits of physical therapy for the neck and back and has some relief. He reports that he is stronger and is able to move better. He has increased his walking distance by 20 minutes and reports that therapy has helped his range of motion. He reports that his activity level is limited by pain. His medication regimen includes ibuprofen three times per week as needed and Lidopro cream three times a week. He reports that his medications provide good pain relief. His current medication regimen includes ibuprofen and Lidopro cream. The diagnoses associated with the request include cervical disc herniation and facet arthropathy, lumbar disc herniation and facet arthropathy, lumbar radiculopathy and thoracic spine chronic pain. The treatment plan includes medial branch block at C3-4 bilaterally and CM4-capsaicin/Cyclobenzaprine topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM4 Capsaicin 0.05% + Cyclobenzaprine 4% x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 112, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded Capsaicin and muscle relaxant over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this muscle relaxant medication for this chronic injury of 2013 without improved functional outcomes attributable to their use. Additionally, Capsaicin cream/gel is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The CM4 Capsaicin 0.05% + Cyclobenzaprine 4% x 2 is not medically necessary and appropriate.