

Case Number:	CM15-0123324		
Date Assigned:	08/17/2015	Date of Injury:	03/27/2009
Decision Date:	09/15/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/26/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 41 year old female with an industrial injury dated 03-27-2009. The injured worker's diagnoses include herniated nucleus pulposus L4-5, multiple bulges cervical radiculopathy, multilevel cervical degenerative disc disease, cervical canal stenosis at C4-5 and C5-6, multilevel degenerative disc disease with facet arthropathy, lumbar retrolisthesis L4-5 and medication induced gastritis. Treatment consisted of Magnetic Resonance Imaging (MRI) of lumbar spine, X-ray of cervical spine, MRI of the cervical spine, Electromyography (EMG) of bilateral upper and lower extremities, prescribed medications, chiropractic physiotherapy and periodic follow up visits. In a progress note dated 04-23-2015, the injured worker reported neck pain with radiation of stabbing, burning and weakness to the bilateral shoulders, right worse than left. The injured worker rated neck pain a 6-9 out of 10. The injured worker also reported low back pain with radiation of stabbing pain and numbness down the bilateral lower extremities to the feet. The injured worker rated pain a 7 out of 10. Objective findings revealed decreased range of motion of the cervical, thoracic and lumbar spine in all planes. Moderate tenderness to palpitation to the cervical and lumbar paraspinals with lumbar muscle spasms and decreased sensation in the right cervical and right lumbar dermatome. The treatment plan consisted of medication management, additional post-operative chiropractic physiotherapy; follow up with gastrointestinal specialist, and transforaminal epidural steroid injection (ESI). The treating physician prescribed CM4 caps 0.05%+Cyclo 4% cream, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM4 caps 0.05%+Cyclo 4% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 60, 111-112.

Decision rationale: Per the MTUS guidelines, capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin may have an indication for chronic lower back pain in this context. Per MTUS p 112 "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." Per MTUS CPMTG p113, "There is no evidence for use of any other muscle relaxant as a topical product [besides baclofen, which is also not recommended]." Cyclobenzaprine is not indicated. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As cyclobenzaprine is not recommended, the compound is not medically necessary.