

Case Number:	CM15-0124656		
Date Assigned:	07/09/2015	Date of Injury:	12/17/2012
Decision Date:	08/05/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/29/2015

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 36-year-old female, who sustained an industrial injury on 12/17/12. The injured worker has complaints of low back pain with tingling in her left lower extremity to her toes and some neck pain. Cervical and lumbar spine range of motion was decreased. The documentation noted decreased sensation over the left L4-S1 (sacroiliac) dermatomes. Straight leg raise test is positive at 60 degrees bilaterally causing pain radiating to the posterior thighs. Left shoulder exam noted that there is tenderness to palpation of the anterior aspect. Left wrist examination revealed tenderness to palpation of the dorsal and volar aspect and left knee examination revealed tenderness to palpation over the patella. The diagnoses have included lumbar radiculopathy; left wrist ganglion cyst; left wrist triquetrum fracture; left knee patellofemoral syndrome and left shoulder impingement syndrome. Treatment to date has included tylenol #3; gabapentin and topical capsaicin cream. The request was for capsaicin 0.05%/cyclobenzaprine 4%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.05%/Cyclobenzaprine 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, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work-related injury in December 2012 and continues to be treated for low back pain with left lower extremity radiating symptoms. When seen, there was decreased lumbar spine range of motion with tenderness and positive facet loading. There was decreased left lower extremity strength and sensation and straight leg raising was positive bilaterally. 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.