

Case Number:	CM15-0174907		
Date Assigned:	09/16/2015	Date of Injury:	02/06/2004
Decision Date:	10/21/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/04/2015

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:

This 55 year old woman sustained an industrial injury on 2-6-2004 after hitting her head on a concrete beam and suffering a concussion. Evaluations include head CT dated 2-6-2004. Treatment has included oral and topical medications, TENS unit therapy, acupuncture, and trigger point injections. Physician notes dated 7-31-2015 show complaints of arm and leg pain, increased headache and neck pain, and shoulder pain. The worker rates her pain 8 out of 10 without medications and 5 out of 10 with medications. The physical examination shows a benign assessment that does not include the effected body parts. Recommendations include Nucynta, Duexis, Tizanidine, CM compound cream, 30 day home trial of TENS unit, trigger point injections, continue acupuncture, neurosurgery consultation, urine drug screen, and follow up in one month. Utilization Review denied requests for CM compound cream citing that any compound cream that contains one or more ingredient that is not recommended is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM 10 compound cream 30g (Capsacin 0.375%, Camphor 2%, Diclofenac %, Tramadol 4%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient presents with neck and back pain. The request is for CM 10 compound cream 30g (Capsaicin 0.375%, Camphor 2%, Diclofenac %, Tramadol 4%). Examination to the cervical spine on 04/14/15 revealed tenderness to palpation to the left C6-C7 nerve root distribution. Per 08/08/15, Request for authorization form, patient's diagnosis includes uns idiopathic periph neuropathy, lumbar radiculopathy, and uns myalgia/myositis. Patient's medications, per 03/04/15 progress report include Nucynta, Omeprazole, Duexis, and Ibuprofen. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 111, Topical Analgesic section has the following: "Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward or with a diminishing effect over another 2-week period." MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Capsaicin: 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 and further efficacy." The treater has not discussed this request. Review of the medical records provided indicate that the patient has been utilizing this medication since at least 10/29/15. However, the treater has not documented the efficacy of this medication in terms of pain reduction and functional improvement. A prior use and it appears that the treater is initiating this medication. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Capsaicin at 0.0375%, which exceeds guideline's recommended concentration. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.