MAXIMUS Federal Services

Case Number:	CM15-0176142		
Date Assigned:	09/28/2015	Date of Injury:	04/02/2010
Decision Date:	11/06/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/08/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 62-year-old female, with a reported date of injury of 04-02-2010. The diagnoses include herniated nucleus pulposus of the lumbar spine, and ongoing neck and mid-back complaints. Treatments and evaluation to date have included acupuncture, chiropractic treatment, physical therapy, LidoPro cream, Gabapentin (discontinued), and home exercise program. The diagnostic studies to date have included a urine drug screen on 03-06-2015 with negative findings. The progress report dated 07-21-2015 indicates that the injured worker continued to have some increased pain in both the neck and back. She currently rated her neck and back pain 8 out of 10. The pain, numbness, and tingling radiated down both arms and to the hands. The objective findings include a slow gait, use of a walker, tenderness to palpation in the lower lumbar facet regions bilaterally, limited cervical spine and lumbar spine range of motion in all planes, decreased sensation in the right C6-8 dermatome distribution, and decreased sensation in the right L4-S1 distribution. It was noted that the injured worker underwent an electrodiagnostic study of the lower extremity on 12-17-2012 with normal findings; and an MRI of the lumbar spine on 12-10-2012, which showed multilevel degenerative disc disease and facet arthropathy with scoliosis, and neural foraminal narrowing at L2-3, L3-4, and L5-S1. The treatment plan included a topical pain cream. The injured worker's disability status was referred to the primary treating physician. The request for authorization was dated 07-21-2015. The treating physician requested CM4-Capsaicin 0.05% and Cyclobenzaprine 4% with one refill. On 08-25-2015, Utilization Review (UR) non-certified the request for CM4-Capsaicin 0.05% and Cyclobenzaprine 4% with one refill.

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%(Capsaicin powder, Cyclobenzaprine HCL powder) with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, CM 4-capsaicin 0.05%, cyclobenzaprine 4%, (capsaicin powder, cyclobenzaprine HCl powder) with one refill is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's work diagnoses are HNP lumbar spine; and ongoing neck and mid back complaints. Date of injury is April 2, 2010. Request for authorization is August 18, 2015. According to a July 21, 2015 progress note, subjective complaints include ongoing neck and back pain, 8/10. The injured worker is receiving ongoing physical therapy. The injured worker uses Lidopro cream on occasion with good relief. Objectively, the injured worker uses a walker ambulate and has tenderness to palpation over the lower lumbar facets. Range of motion was decreased. The injured worker failed gabapentin secondary to dizziness and nausea. Topical cyclobenzaprine is not recommended. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. Any compounded product that contains at least one drug (Capsaicin 0.05% and topical cyclobenzaprine) that is not recommended is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, CM 4-capsaisin 0.05%, cyclobenzaprine 4%, (capsaicin powder, cyclobenzaprine HCl powder) with one refill is not medically necessary.