

<b>Case Number:</b>	CM15-0179498		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	03/20/2015
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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 32 year old female, who sustained an industrial injury on March 20, 2015. The injured worker was being treated for thoracic spine pain, lumbar herniated nucleus pulposus, and lumbar radiculopathy. Medical records (April 23, 2015 to July 21, 2015) indicate ongoing neck, mid back, and low back pain with radiating pain with numbness and tingling in the bilateral lower extremities. The injured worker reports walking and sitting for 30 minutes increases her pain and she has continued difficulty holding pens. The medical records show no significant improvement of the subjective pain rating from 8 out of 10 on the Mankowski scale on April 23, 2015 to 7-8 out of 10 on the Mankowski scale on May 18, 2015. The medical records show no significant improvement of the subjective pain rating from 9 out of 10 on June 11, 2015 to 8-9 out of 10 on July 21, 2015. The injured worker has taken Ultram, Flexeril, Prednisone, Naproxen, and Ibuprofen without benefit. Her current medications include non-steroidal anti-inflammatory (Relafen), topical pain (Capsaicin cream) and oral pain (Norflex ER). The physical exam (April 23, 2015 to July 21, 2015) reveals decreased neck and thoracic spine range of motion, a progressive decrease of the lumbar range of motion, and continued decreased sensation to the left L3 (lumbar 3) and the right L4-sacral 1 (lumbar 4-sacral 1) dermatomes. On May 28, 2015, an MRI of the thoracic spine revealed a focal left paracentral, noncompressive disc protrusion at the T7-8 (thoracic 7-8) level without evidence of central canal stenosis or foraminal impingement, which is likely subacute. The On May 28, 2015, an MRI of the lumbar spine revealed a broad-based central disc protrusion at L5-S1 (lumbar 5-sacral 1) without evidence for compressive discopathy, central canal stenosis, or foraminal impingement.

There is straightening of the lumbar lordosis. These findings are likely acute. On June 18, 2015, electromyography and nerve conduction velocity studies of the bilateral lower extremities revealed no abnormal findings. Treatment has included physical therapy without pain relief, at least 1 session of acupuncture with pain relief, work modifications, a lumbar support, and medications including pain, muscle relaxant, and non-steroidal anti-inflammatory. Per the treating physician (July 21, 2015 report), the injured worker is temporarily partially disabled with restrictions that include no lifting, pushing, or pulling greater than 5 pounds. No sitting, standing, or walking greater than 15 minutes without a 15 minute break or change in position. No bending, stooping, or squatting. The requested treatments included compound topical cream #1 CM 3 caps 0.05% + Cyclo 4%. On August 13, 2015, the original utilization review non-certified a request for compound topical cream #1 CM 3 caps 0.05% + Cyclo 4%.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Comp topical cream #1 cm 3 caps 0.05% + cyclo 4%: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain.

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

**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.