

Case Number:	CM15-0179676		
Date Assigned:	09/21/2015	Date of Injury:	03/08/1993
Decision Date:	11/04/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 8, 1993. In a Utilization Review report dated August 14, 2015, the claims administrator failed to approve a request for capsaicin-cyclobenzaprine topical compounded cream. The claims administrator referenced a July 1, 2015 office visit and an associated RFA form in its determination. The applicant's attorney subsequently appealed. On said July 1, 2015 office visit, the applicant reported ongoing complaints of low back pain. Relafen, Tylenol with Codeine, and capsaicin-cyclobenzaprine containing topical compound were endorsed. The applicant's permanent work restrictions were renewed. The applicant had undergone earlier failed lumbar spine surgery and had developed a pseudarthrosis associated with the same, it was reported. In another section of note, it was stated that the applicant was using both Motrin and Effexor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin cream, caps 0.05%/Cyclo 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: No, the request for capsaicin-cyclobenzaprine containing topical compounded cream was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine, i.e., the secondary ingredient in the compound, are not recommended for topical compound formulation purposes. Page 112 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that topical capsaicin, i.e., the primary ingredient in the compound, is recommended only as a last line agent, for applicants who have not responded to and/or are intolerant of other treatments. Here, however, the applicant's concomitant usage of numerous first-line oral pharmaceuticals to include Motrin, Effexor, Tylenol with Codeine, Relafen, etc., effectively obviate the need for the capsaicin component of the compound. Since both ingredients in the compound were not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.