

Case Number:	CM15-0026062		
Date Assigned:	02/18/2015	Date of Injury:	06/10/2009
Decision Date:	04/03/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/11/2015

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
 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 65 year old male, who sustained an industrial injury on 06/10/2009. He has reported low back and neck pain. The diagnoses have included cervical sprain/strain; thoracic sprain/strain; bilateral shoulder impingement and bursitis; lumbar radiculopathy; bilateral L5 spondylosis; bilateral carpal tunnel syndrome; and herniated nucleus pulposus of the lumbar spine with moderate to severe stenosis. Treatment to date has included medications, acupuncture, chiropractic sessions, occipital nerve blocks, and surgical intervention. Medications have included Gabapentin, Flexeril, and Prilosec. Currently, the injured worker complains of low back and neck pain, rated at 7/10 on the visual analog scale; the pain radiates down both arms to the hands with numbness and tingling; and radiates down the bilateral lower extremities to his feet with numbness and tingling; and persistent spasms in the neck and back. A progress note from the treating physician, dated 01/14/2015, documented the injured worker's objective findings to include decreased range of motion of the cervical and lumbar spines; decreased sensation in the right C5 and C6 dermatomes; and decreased sensation in the left L4, L5, and S1 dermatomes. The treatment plan has included the request for a topical compounded medication. On 02/05/2015 Utilization Review noncertified 1 prescription of Compound: Capsaicin .0305%/Cyclobenzaprine 4%. The CA MTUS was cited. On 02/11/2015, the injured worker submitted an application for IMR for review of a prescription of Compound: Capsaicin .0305%/Cyclobenzaprine 4%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Capsaicin .0305%/Cyclobenzaprine 4%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page 111-113.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. There is no evidence for use of a 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. Medical records document neck, back, and shoulder conditions. MTUS Chronic Pain Medical Treatment Guidelines do not support the use of topical products containing the muscle relaxant Cyclobenzaprine. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS does not support the use of a topical analgesic containing the muscle relaxant Cyclobenzaprine. Therefore, the request for topical compound cream containing Cyclobenzaprine and Capsaicin is not supported by MTUS. Therefore, the request for compound topical capsaicin and Cyclobenzaprine is not medically necessary.