

Case Number:	CM15-0062951		
Date Assigned:	04/08/2015	Date of Injury:	10/06/2009
Decision Date:	05/11/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/02/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 66-year-old male, who sustained an industrial injury on 10/06/2009. Diagnoses include status post cervical spine fusion at C3-4 (11/19/2013). Treatment to date has also included 18 sessions of chiropractic, medications, consultations, diagnostics including magnetic resonance imaging (MRI) and a cane for ambulation. Per the Primary Treating Physician's Progress Report dated 2/25/2015, the injured worker reported stiffness and aching pain in the neck with radiation of pain and numbness down both arms to hands, right worse than left. The pain is currently rated as 7/10 but can increase to 10/10 during flare-ups. He also reported low back pain that was constant, sharp and stabbing pain at the midline. With increased activity, the pain feels like an "electric shock." He has pain and numbness down his bilateral lower extremities to his toes. The pain is rated as 8/10 at the time of the evaluation and can be 10/10 with cold weather and trunk rotation. Physical examination revealed an antalgic gait and using a single point cane. There was tenderness to palpation of the cervical and lumbar paraspinal muscles bilaterally. There was limited range of motion of the cervical and lumbar spine. The plan of care included medications and authorization was requested for Tramadol/APAP 37.5/325mg #60, Capsaicin 0.05%/Cyclobenzaprine 4% 30gm #10, and Cyclobenzaprine tablet 7.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM4-Capsaicin 0.05 %/ Cyclobenzaprine 4 % 30 gm cream Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Capsaicin is not recommended as a topical analgesic. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Therefore, the request for topical analgesic CM4-Capsaicin 0.05 %/ Cyclobenzaprine 4 % 30gm cream is not medically necessary.