

<b>Case Number:</b>	CM15-0092511		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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 51 year old male, who sustained an industrial injury on 09/24/2012. He has reported injury to the right wrist, right shoulder, left elbow, bilateral knees, and low back. The diagnoses have included lumbar facet arthropathy; chronic pain syndrome; bilateral shoulder impingement/bursitis; right elbow severe degenerative joint disease; bilateral lateral epicondylitis; bilateral knee osteoarthritis; and bilateral knee chondromalacia. Treatment to date has included medications, diagnostics, splinting, bracing, ice therapy, steroid injections, Orthovisc injections, acupuncture, and chiropractic care. Medications have included Tylenol #3, Naproxen, Lyrica, Norco, Prilosec, and topical compounded cream. A progress note from the treating physician, dated 04/10/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the bilateral upper extremities; complete numbness of the right shoulder, and pain with any movement, decreased strength, and numbness and cramping radiates down the right upper extremity to all fingertips; pain in the left shoulder, with numbness and cramping that radiates down the left upper extremity to all fingertips; right and left elbow pain; constant throbbing pain in the right and left knees; pain is rated at 9-10/10 on the visual analog scale; and pain is constant, and only made worse by prior conservative treatments including chiropractic treatment and acupuncture. Objective findings have included tenderness to palpation over the entire right shoulder joint, marked pain with range of motion, and positive Neer's, Hawkin's, Speed's, and cross arm testing; tenderness to palpation of the left shoulder lateral acromion; tenderness to palpation of the right and left

lateral epicondyles, and pain with range of motion. The treatment plan has included the request for CM 4-Caps .05 percent + Cyclo 4 percent.

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

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

**CM 4 - Caps .05 Percent + Cyclo 4 Percent: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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. The treating physician's progress report dated 4/28/15 documented the diagnoses of bilateral shoulder impingement bursitis, right elbow severe degenerative joint disease, bilateral lateral epicondylitis, bilateral knee osteoarthritis, and bilateral knee chondromalacia. 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. Therefore, the request for topical compound cream containing Capsaicin and Cyclobenzaprine is not supported by MTUS guidelines. Therefore, the request for CM4-CAPS 0.05% + Cyclo 4% is not medically necessary.