MAXIMUS Federal Services

Case Number:	CM15-0098474		
Date Assigned:	05/29/2015	Date of Injury:	03/29/2001
Decision Date:	07/02/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/21/2015

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 58 year old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 29, 2001. In a Utilization Review report dated April 29, 2015, the claims administrator failed to approve a capsaicin containing topical compound. The claims administrator referenced progress notes dated April 2, 2014 and February 24, 2015 in its determination. The applicant's attorney subsequently appealed. On January 27, 2015, the applicant was described as using Tylenol No. 3, Motrin, Lyrica, and Lidoderm cream for ongoing complaints of low back pain. The applicant did have issues with uncontrolled diabetes, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cm4-Caps.05% + Cyclo 4%: 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(s): 111-113.

Decision rationale: No, the CM4 capsaicin-cyclobenzaprine compound 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, the tertiary ingredient in the compound, are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing issues with numerous first-line oral pharmaceuticals, including Tylenol No. 3, Lyrica, etc., effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" Topical compounded agent in question. Therefore, the request was not medically necessary.