MAXIMUS Federal Services

Case Number:	CM13-0006527		
Date Assigned:	03/07/2014	Date of Injury:	06/27/2011
Decision Date:	03/31/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/05/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 35 year-old male who was injured on 6/27/2011. He has been diagnosed with neuralgia unspecified; pain in limb; pain in joint, forearm. According to the 7/5/13 SOAP note from [redacted] the patient presents with persistent paresthesia in the ulnar distribution of the left arm, after his left arm surgery. [redacted] requested Medi-Derm cream, and to start TENS. On 7/25/13 UR denied the Medi-derm cream, and modified the TENS, to allow a 30-day trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION: MEDI-DERM 120 GRAMS X 2 TUBES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The patient presents with neuropathic pain in the left arm. On 7/5/13 the pain was 5/10, and patient was started Medi-Derm cream, TENS and gabapentin. On the 8/2/13 follow-up, the left arm pain is still 5/10 and is reported to be unchanged, although the patient states the medication and TENS helps. There is no decrease in pain, or improved function or

improved quality of life documented with use of the medications and TENS provided on 7/5/13. Medi-Derm is a compound topical with Methyl Salicylate 20%, Menthol 5%, and Capsaicin 0.035%. MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS has support for methyl salicylate and menthol, under the Salicylate topical section, and possibly some support for capsaicin in the 0.025% concentration, but the guidelines state that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. It does not appear that there is support for capsaicin in formulations over 0.025%. MTUS also states the 0.075% formulation has been studied for post-herpetic and diabetic neuralgias. A trial may have been appropriate. However, the request includes refills. Refills would not be necessary, as there was no evidence of a satisfactory response for the trial timeframe between 7/5/13 and 8/2/13. The request as written for Medi-Derm 120 gm x2 tubes, is not in accordance with MTUS guidelines.

TENS UNIT PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

Decision rationale: The MTUS guidelines for TENS states that it is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The guidelines then give the criteria for use of TENS including a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. The TENS unit is indicated for the neuropathic pain which the patient is described as having. However, the MTUS criteria recommend a one-month trial. The request for a TENS purchase without documentation of a 1-month trial, is not in accordance with MTUS guidelines.