

Case Number:	CM13-0060830		
Date Assigned:	12/30/2013	Date of Injury:	04/17/2012
Decision Date:	05/22/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/04/2013

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 Occupational Medicine 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:

The patient is a 32 year old female who was injured on 04/17/2012. She was walking to get salad and slipped on some ice cubes. She fell, landing on her knees and right hand. She also sprained her back. Prior treatment history has included chiropractic treatments, Motrin, Vicodin, and Advil. She states that the Gabapentin gives her about 30 minutes of relief. The patient had a course of physical therapy and it helped relieve her symptoms, particularly with the upper thoracic and cervical pain. Orthopedic follow-up note dated 11/15/2013 states the patient reported that her pain has become worse in the bilateral legs due to her radicular symptoms and pain shooting down from the back. She has numbness in the left leg with a sharp pain in the left shoulder as well. On examination, there is tenderness to palpation of the paravertebral muscles. The patient forward flexes to the chest extends 45 degrees. Her rotation is to 60 degrees bilaterally and flexion to 45 degrees bilaterally. There is a negative Spurling sign. There is tenderness to palpation of the parathoracic region. Range of motion extends to 20-30 degrees; lateral flexion to 35 degrees and lateral rotation to 45 degrees. The lumbosacral spine revealed no significant scoliosis, hyperlordosis, or kyphosis. The patient has normal posture. The patient has a normal gait. The patient can walk on toes and heels normally. There is tenderness to palpation of the paraspinal musculature. The patient can flex and touch her toes and can extend 10 degrees. Lateral flexion to 45 degrees bilaterally and lateral rotation to 30 degrees bilaterally. Lasegue's test is negative bilaterally; FABER test is negative bilaterally. The patient has chronic low back pain and thoracic pain. She is given a prescription for Norco and Voltaren today. She is also given Medi-patches to try as her muscle pain seems to be superficial and hopefully it will get better with topical treatment

IMR ISSUES, DECISIONS AND RATIONALES

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

Medi-Patch 5 X 3 (retrospective 11/15/13): Overturned

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

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

Decision rationale: Medi-Patch is a topical analgesics containing capsaicin 0.035%, lidocaine 0.5%, menthol 5%, methyl salicylate 20%, As per CA MTUS, 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. Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). There is documentation that the patient has been prescribed gabapentin that is helping. Methyl salicylate is significantly better than placebo in chronic pain. Further guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended However, her provider notes that her pain "...seems to be superficial and will hopefully get better with topical treatment". Patient is taking significant narcotics and this therapy aimed at superficial pain seems appropriate to me in this particular patient. If the provider can control the superficial pain with topicals, then opioids can be decreased. In my opinion this is an appropriate deviation from the above cited guideline and as such is certified.