

Case Number:	CM14-0011371		
Date Assigned:	02/21/2014	Date of Injury:	01/12/2000
Decision Date:	07/11/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	01/28/2014

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 78-year-old who has submitted a claim for low back pain, associated with an industrial injury date of January 12, 2000. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated January 6, 2014, showed low back pain with a scale of 6/10 without medications. The pain went down to 4/10 with the use of medications. Severe tingling sensation was felt from the back radiating down to the left knee and foot. Physical examination revealed slight antalgic gait without any assistive device. Tightness on palpation was noted on L4-L5. There was decreased sensation below bilateral knees with slightly decreased strength in both lower extremities, particularly both flexors and extensors of the hip and knee. Treatment to date has included two lumbar surgeries, physical therapy and medications which include Medi-Derm/L topical cream since January 2014. Utilization review from January 27, 2014 denied the request for the purchase of Medi-Derm/L with Lidocaine cream (Capsaicin 0.035%, Lidocaine 2%, Menthol 5%, Methyl Salicylate 20%) because topical agents are primarily recommended for the treatment of neuropathic pain when trials of antidepressants or anticonvulsants have failed. The documentation did not describe well-demarcated neuropathic pain that had failed the gamut of readily available oral agents in the antidepressant, antiepileptic or NSAID (non-steroidal anti-inflammatory drug) class to support the medical necessity of topical agents.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDI-DERM/L WITH LIDOCAINE CREAM (CAPSAICIN 0.035%, LIDOCAINE 2%, MENTHOL 5% & METHYL SALICYLATE 20%): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin; Topical Analgesics Page(s): 28, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Topical Salicylates.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, 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 these agents. Lidocaine in topical formulation is not approved for use. Regarding the Capsaicin component, according to the Chronic Pain Medical Treatment Guidelines states that topical Capsaicin has moderate to poor efficacy but may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. Regarding the Menthol and Methyl Salicylate components, The Chronic Pain Medical Treatment Guidelines does not cite specific provisions, but the ODG Pain Chapter issued an FDA safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where Menthol or Methyl Salicylate were applied. In this case, the patient has been using the said topical cream since January 2014. However, guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. The topical cream contains drug components that are not recommended for topical use. The request for Medi-Derm/L with Lidocaine cream (Capsaicin 0.035%, Lidocaine 2%, Menthol 5% & Methyl Salicylate 20%) is not medically necessary or appropriate.