MAXIMUS Federal Services

Case Number:	CM14-0017571		
Date Assigned:	04/18/2014	Date of Injury:	10/20/2009
Decision Date:	12/16/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/12/2014

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:

According to the provided documents, this is a 57-year-old man who was injured on 10/20/09, with a mechanism of injury of cumulative trauma.The disputed treatment being addressed is terocin patches and Medi-derm gel which was addressed in a utilization review determination letter from 1/24/14. There is a 12/5/13 treating physician's progress report and a separate primary treating physician's request for authorization of 1/9/14 for date of evaluation of 12/5/13. The narrative report states that there is back pain that radiates to the lower extremities with numbness and tingling, there is also neck pain. Acupuncture helped. Symptoms in the upper extremities were unchanged. Exam of the neck showed some tenderness and pain with terminal range of motion, in the upper extremities the report said that the exam was unchanged with positive Phalen's and pain with terminal flexion. In the lower back there was tenderness left greater than right with spasm, pain with terminal motion, dysesthesia L5 and S1 dermatomes. There is no mention that palpation over the upper or lower extremities peripherally was painful. The diagnosis was cervical discopathy, lumbar discopathy and electrodiagnostic evidence of bilateral carpal tunnel syndrome. Patient is being treated per future medical care. He was to return on an as needed basis and was to continue working. The request for authorization dated 1/9/14appeared to be a standardized form with checkbox and naproxen sodium along with some text describing its use. The checkbox was not marked. There were no other pages to the request for authorization and no other medications listed. The utilization review determination letter provided with this request references a 1/9/14 primary treating physician's report and states that report indicated the provider was recommending the terocin patch and Medi-derm gel. This reviewer concludes that there must be page(s) missing from the documents provided for the report from 1/9/14. The utilization review determination letter does not indicate that any other medications were prescribed or recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch #10: Upheld

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 based on Non-MTUS Citation http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb.

Decision rationale: According to the website noted above this contains 4% menthol and 4% lidocaine. MTUS topical pain guidelines only support use of topical lidocaine for peripheral neuropathic pain. Although there is reported peripheral dysesthesia, there is no report of any peripheral burning pain or hypersensitivity to touch that is painful. Lidocaine is a topical anesthetic capable of numbing the skin. There is no indication that this would be of benefit to the patient based upon the clinical presentation. There is no indication where on the body the patient is to apply it. There is no rationale for treatment outside the guidelines. Therefore, based upon the evidence and the guidelines the request is not medically necessary.

Menthoderm Gel 120gm: Upheld

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 based on Non-MTUS Citation http://www.physiciansproducts.net/product/menthoderm/.

Decision rationale: Per the referenced website, this contains methyl salicylate 15%/menthol 15%. Both are identified as counterirritants. It is intended for temporary relief of minor aches and pains caused by arthritis, backache, sprains, strains. MTUS guidelines do support use of topical methyl salicylate stating that it is better than placebo in chronic pain. However, MTUS guidelines do not support proprietary use of any particular brand name preparation of methyl salicylate. This can be obtained in generic form cost over-the-counter. (i.e. generic Ben-Gay as mentioned in the MTUS chronic pain guidelines). Therefore, based upon the evidence and the guidelines, the request is not medically necessary.