

Case Number:	CM14-0019435		
Date Assigned:	02/21/2014	Date of Injury:	08/05/2004
Decision Date:	07/24/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/15/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 42-year-old female who has submitted a claim for cervical disc disease, s/p cervical spine surgery, lumbar strain, lumbar radiculitis, bilateral sacroiliitis, cervicogenic headaches, associated with an industrial injury date of August 5, 2004. Medical records from 2014 were reviewed. The latest progress report, dated 03/03/2014, showed persistent pain in the neck and low back, associated with headaches. Physical examination revealed preserved cervical posture with no splinting. There was tenderness at the cervical paravertebral muscles and upper part of the trapezius muscle. Cervical spine motions were accomplished without the patient expressing any complaints of pain during the maneuvers. Compression test and Spurling test were both negative. The lumbosacral spine posture was well-preserved with no splinting. The patient's gait pattern was normal except for heel and toe ambulation which was very painful. There was tightness, stiffness and pain in the L4, L5, and iliac spine. The range of motion was restricted. Straight leg raising test was negative. Sensation was intact to light touch and pinprick in all dermatomes in bilateral lower extremities. Treatment to date has included cervical spine surgery, chiropractic care and medications. Utilization review from 01/27/2014 denied the request for the purchase of both Medi-Derm/L Lidocaine topical relief cream and Medrox ointment because both these medications contained components that were not recommended for topical applications. The request for the purchase of Soma 350mg #30 was denied because it was not indicated for long-term use and tapering was not considered for there was no documented evidence of usage of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF MEDI-DERM/L LIDOCAINE TOPICAL RELIEF CREAM:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS; CAPSAICIN, TOPICAL; SALICYLATE TOPICALS Page(s): 111-113; 28; 105. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN SECTION, TOPICAL SALICYLATES.

Decision rationale: Medi-Derm/L is a topical compound consisting of topical Lidocaine 2%, topical Methyl Salicylates 20%, topical Capsaicin 0.035%, and menthol 5%. According to page 28 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert indicating that topical OTC pain relievers that contain menthol, methyl salicylate or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. Pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medi-Derm/L contains certain compounds that are not recommended for topical use. Therefore, the request for 1 prescription of Medi-Derm/L Lidocaine topical relief cream is not medically necessary.

1 PRESCRIPTION OF MEDROX OINTMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS; CAPSAICIN, TOPICAL; SALICYLATE TOPICALS Page(s): 111-113; 28; 105. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN SECTION, TOPICAL SALICYLATES.

Decision rationale: Medrox ointment is a topical compound consisting of topical Methyl Salicylate 5%, topical Menthol 20%, and 0.0375% topical Capsaicin. According to page 28 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical Capsaicin in a 0.0375% formulation is not recommended for topical applications. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert indicating that topical OTC pain relievers that contain menthol, methyl salicylate or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than

placebo in chronic pain. Pages 111 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medrox ointment contains certain compounds that are not recommended for topical use. Therefore, the request for 1 prescription of Medrox ointment is not medically necessary.

30 SOMA 350MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methods of Symptom Control for Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL (SOMA); MUSCLE RELAXANTS (FOR PAIN), CARISOPRODOL (SOMA, SOPRODAL 350, VANADOM, GENERIC AVAILABLE) Page(s): 29; 65.

Decision rationale: According to page 29 and 65 of CA MTUS Chronic Pain Medical Treatment Guidelines, Soma is not recommended. It is not recommended for use longer than 2-3 weeks. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. In this case, there was no documentation of previous use of this medication. Although there was documented muscle spasm in the most recent physical examination, this medication is not recommended for use. Therefore, the request for 30 Soma 350mg is not medically necessary.