

Case Number:	CM14-0130562		
Date Assigned:	08/20/2014	Date of Injury:	12/23/2013
Decision Date:	09/23/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/14/2014

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 Medicine and is licensed to practice in Florida. 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 injured worker is a 57 year old male who reported an injury on 12/23/2013. The mechanism of injury reportedly occurred while he was using a powerful water hose. Diagnoses included left lumbosacral strain, left lumbosacral radiculopathy, and myofascial pain. Past treatments included epidural steroid injection, a home exercise program, and medication. Past diagnostics included an MRI of the lumbar spine, 01/17/2014, which revealed foraminal nucleus pulposus at the left L3-4 level. Surgical history included microdiscectomy at L3-4 on 03/31/2014. The clinical note dated 07/08/2014 indicated the injured worker complained of left lumbar pain radiating to the left lower extremity with weakness and intermittent numbness and tingling. Physical exam revealed a positive left straight leg raise, muscle spasms and trigger points in the left lumbosacral paraspinal muscles, decreased left Achilles reflex, and decreased sensation in the left foot. The clinical note also indicated that the injured worker was not taking any medications, but was given prescriptions for naproxen 550 mg, omeprazole 20 mg, and Flexeril 7.5 mg. The treatment plan included recommendations for menthoderm lotion and Terocin patch; the rationale for the requests was not provided. The request for authorization form was submitted on 07/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm lotion - 2 bottles: 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 & Salicylate topicals Page(s): 111-113 105.

Decision rationale: Methoderm is a compounded lotion consisting of methyl salicylate and menthol. The California MTUS Guidelines indicate that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain. Many agents are compounded as monotherapy or in combination for pain control. The guidelines note topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. There is no clinical data to indicate that the injured worker had neuropathic pain. There is a lack of documentation indicating the injured worker has tried and failed first line treatments. Additionally, the request does not indicate the frequency at which the medication is prescribed as well as the site at which it is to be applied in order to determine the necessity of the medication. Therefore the request for Methoderm is found to be not medically necessary.

Terocin patch #30: 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): 111-112.

Decision rationale: Terocin patch is comprised of lidocaine and menthol. The California MTUS Guidelines indicate that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine in the formulation of a dermal patch Lidoderm has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Lidoderm patch is the only approved form of topical lidocaine. There is no clinical data to indicate that the injured worker had neuropathic pain. There is a lack of documentation indicating the injured worker has tried and failed first line treatments. Additionally, the request does not indicate the frequency at which the medication is prescribed as well as the site at which it is to be applied in order to determine the necessity of the medication. Therefore the request for Terocin patch is found to be not medically necessary.