

Case Number:	CM14-0133288		
Date Assigned:	08/22/2014	Date of Injury:	03/13/2013
Decision Date:	09/24/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/20/2014

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 Physical Medicine & Rehabilitation 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:

This 31 year-old patient sustained an injury on 3/13/13 while employed by [REDACTED]. Request(s) under consideration include Topical compound Medi-Patch with capsaicin 0.035%, lidocaine 2%, menthol 5% and methyl salicylate 20% #30 and Psychotherapy (unspecified). Diagnoses include cervical intervertebral disc displacement without myelopathy. Report of 7/9/14 from the provider noted the patient with lower back pain radiating down both legs. Exam showed slow gait, painful heel-toe walk; tenderness at coccyx, L4-5, and bilateral posterior superior iliac spine; decrease range of motion; positive left SLR; and decreased DTRs of 1+ at ankles. The request(s) for Topical compound Medi-Patch with capsaicin 0.035%, lidocaine 2%, menthol 5% and methyl salicylate 20% #30 and Psychotherapy (unspecified) were non-certified on 7/31/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medi-Patch with capsaicin 0.035%, lidocaine 2%, menthol 5% and methyl salicylate 20% #30: Upheld

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

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

Decision rationale: This 31 year-old patient sustained an injury on 3/13/13 while employed by [REDACTED]. Request(s) under consideration include Topical compound Medi-Patch with capsaicin 0.035%, lidocaine 2%, menthol 5% and methyl salicylate 20% #30 and Psychotherapy (unspecified). Diagnoses include cervical intervertebral disc displacement without myelopathy. Report of 7/9/14 from the provider noted the patient with lower back pain radiating down both legs. Exam showed slow gait, painful heel-toe walk; tenderness at coccyx, L4-5, and bilateral posterior superior iliac spine; decrease range of motion; positive left SLR; and decreased DTRs of 1+ at ankles. The request(s) for Topical compound Medi-Patch with capsaicin 0.035%, lidocaine 2%, menthol 5% and methyl salicylate 20% #30 and Psychotherapy (unspecified) were non-certified on 7/31/14. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of March 2013 without documented functional improvement from treatment already rendered. The Topical compound Medi-Patch with capsaicin 0.035%, lidocaine 2%, menthol 5% and methyl salicylate 20% #30 is not medically necessary and appropriate.

Psychotherapy (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment, Behavioral interventions Page(s): 101-102, 23.

Decision rationale: This 31 year-old patient sustained an injury on 3/13/13 while employed by [REDACTED]. Request(s) under consideration include Topical compound Medi-Patch with capsaicin 0.035%, lidocaine 2%, menthol 5% and methyl salicylate 20% #30 and Psychotherapy (unspecified). Diagnoses include cervical intervertebral disc displacement without myelopathy. Report of 7/9/14 from the provider noted the patient with lower back pain radiating down both legs. Exam showed slow gait, painful heel-toe walk; tenderness at coccyx, L4-5, and bilateral posterior superior iliac spine; decrease range of motion; positive left SLR; and decreased DTRs of 1+ at ankles. The request(s) for Topical compound Medi-Patch with capsaicin 0.035%, lidocaine 2%, menthol 5% and methyl salicylate 20% #30 and Psychotherapy (unspecified) were non-certified on 7/31/14. Submitted reports have not described what further psychological testing or evaluation are needed or identified what specific goals are to be obtained from the psychological treatment beyond the current medical treatment received to meet guidelines criteria. MTUS guidelines support treatment with functional improvement; however, this has not been demonstrated here whereby independent coping skills are developed to better manage episodic chronic issues, resulting in decrease dependency and healthcare utilization. Current reports have no symptom complaints, clinical findings or diagnostic procedures to support for the Psychotherapy treatment (unspecified). Additionally, if specific flare-up has been demonstrated,

the guidelines allow for initial trial of 3-4 sessions with up to 6-10 visits over 5-6 weeks; however, does not recommend unspecified general psychological treatment. The Psychotherapy (unspecified) is not medically necessary and appropriate.