

Case Number:	CM14-0134886		
Date Assigned:	08/29/2014	Date of Injury:	09/20/2010
Decision Date:	09/30/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/22/2014

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 30-year-old male who has submitted a claim for lumbar region injury, myofascial pain, history of cauda equina, dysuria, postlaminectomy syndrome, and poor coping with chronic pain associated with an industrial injury date of September 20, 2010. Medical records from 2012-2014 were reviewed. The patient complained of persistent low back pain, rated 5/10 in severity. The pain radiates to the lower extremity. The patient cannot move his toes on the left foot. Physical examination showed tenderness of the lumbar paraspinal muscles. MRI of the lumbar spine, dated September 11, 2012, revealed L4-L5 degenerative disc disease with broad-based posterior disc protrusion, left larger than right, with severe compression of the exiting left L5 nerve and left lateral recess stenosis; and grade 1 degenerative L5-S1 spondylolisthesis, slight disc bulge, end plate bone spurs and facet arthropathy causing moderately severe left and moderate right foraminal stenosis. Treatment to date has included medications, physical therapy, home exercise program, activity modification, TENS unit, and lumbar laminectomy. Utilization review, dated August 18, 2014, denied the requests for 1 prescription of Methoderm 120gm because guidelines do not recommend use of topical salicylates for neuropathic pain, and menthol is not supported for topical use; and denied the request for 1 prescription of Promolaxin #100 because there was no indication that the constipation was induced from medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm 120gm Retro between 7/31/14 and 7/31/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals; Topical Analgesics Page(s): 105;111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Capsaicin, topical.

Decision rationale: Page 111 of CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Methoderm gel contains methyl salicylate and menthol. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, or methyl salicylate, 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. In this case, Methoderm gel was prescribed as adjuvant therapy to oral medications. However, the requested Methoderm has the same formulation of over-the-counter products such as BenGay. In this case, patient was prescribed Methoderm on July 31, 2014. Rationale for its use was not indicated. It has not been established that there is any necessity for this specific brand name. There is no compelling indication for this request. The request likewise failed to specify the quantity to be dispensed. Therefore, the request for Methoderm 120gm retrospective between 7/31/14 and 7/31/14 is not medically necessary.

Promolaxin #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

Decision rationale: Page 77 of CA MTUS Chronic Pain Medical Treatment Guidelines states that with opioid therapy, prophylactic treatment of constipation should be initiated. Docusate is a stool softener. In this case, the patient has been on Promolaxin since at least June 2013. Recent progress report dated July 31, 2014 state that constipation was controlled with medications. However, there was no documentation of current opioid use in this patient. It is not clear whether the constipation was due to the medications used by the patient. There is no clear indication for docusate at this time. Moreover, the present request failed to specify the dosage to be dispensed. Therefore, the request for Promolaxin #10 is not medically necessary.