

Case Number:	CM14-0028397		
Date Assigned:	06/16/2014	Date of Injury:	04/02/2012
Decision Date:	08/25/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	03/06/2014

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:

The injured worker is a 29-year-old male who reported an injury on 04/02/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 02/06/2014 indicated a diagnosis of lumbar or lumbosacral disc degeneration. The injured worker reported lower back pain, left lower extremity pain, and right lower extremity pain and rated his pain 7/10. He also reported his pain as aching and throbbing that radiated to the left leg, right leg, left foot, and right foot and that his medications were helping. He also reported medication side effects that included dizziness and drowsiness but tolerated the medications well and showed no evidence of developing medication dependency. His quality of sleep was poor and had a reduction in energy. On physical examination, the lumbar spine range of motion was restricted with flexion of 80 degrees limited by pain and extension of 10 degrees limited by pain. There was tenderness to palpation over the paravertebral muscles bilaterally and tenderness over the spinous process noted on L1, L2, L3, L4, and L5. The injured worker's straight leg raise test was positive on both sides at 90 degrees in a sitting position. His motor test was limited by pain. Knee flexor was 4 on the right and knee extensor was 4 on the right. His prior treatments included diagnostic imaging and medication management. The medication regimen included Methoderm, Pantoprazole, Cyclobenzaprine, and Hydrocodone/Acetaminophen. The provider submitted a request for Methoderm gel and Pantoprazole. A request for authorization dated 02/06/2014 was submitted for medications; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Mentherm gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The CA MTUS guidelines state topical salicylate (e.g., Ben-Gay, Methyl Salicylate) is significantly better than placebo in chronic pain. It was not indicated if the injured worker had tried and failed other antidepressants and anticonvulsants. In addition, the documentation submitted did not indicate how long the injured worker had been utilizing this medication. Moreover, there was lack of functional improvement with the use of this medication. Additionally, the request did not indicate a dosage, frequency, or quantity for this medication. Therefore, the request for Mentherm gel is not medically necessary.

Prescription of Pantoprazole 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gastrointestinal (GI) Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal (GI) Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The CA MTUS guidelines state topical salicylate (e.g., Ben-Gay, Methyl Salicylate) is significantly better than placebo in chronic pain. It was not indicated if the injured worker had tried and failed other antidepressants and anticonvulsants. In addition, the documentation submitted did not indicate how long the injured worker had been utilizing this medication. Moreover, there was lack of functional improvement with the use of this medication. Additionally, the request did not indicate a dosage, frequency, or quantity for this medication. Therefore, the request for Mentherm gel is not medically necessary.