

Case Number:	CM14-0038320		
Date Assigned:	06/25/2014	Date of Injury:	04/09/2013
Decision Date:	08/12/2014	UR Denial Date:	03/22/2014
Priority:	Standard	Application Received:	04/01/2014

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 and 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 59-year-old male who reported injury on 04/09/2013 due to continuous lifting of boxes from 40 pounds up to 100 pounds. The injured worker complained of lower back pain, rating his pain at a minimal 1/10 with medication, up to a moderately severe 7/10 on VAS without medication. Physical examination dated 02/04/2013 revealed range of motion of the lumbosacral to be mildly impaired, with a flexion of 80 degrees, extension of 20 degrees and lateral flexion of 20/25. The injured worker was able to bend only within 18 cm of his toes when standing and 17 cm when sitting. On examination of motor strength, the injured worker revealed a full 5+ strength throughout with no drift on upper or lower extremity. Hip abduction and rotation maneuvers were normal bilaterally. Phalen's, Tinel's, Finkelstein's and Erb's point test were negative without pain bilaterally. An x-ray taken on 04/17/2013 of the spine revealed no fracture, dislocation, or severe degenerative change. The injured worker has diagnoses of lumbar spine muscle spasm and lumbar spine sprain/strain. The injured worker's past treatment include heat/cold home program, physical therapy, and medication therapy. Medications include Anaprox 550 mg 1 tablet twice a day as needed, Menthoderm cream 1 to 4 applications around affected area as needed and tramadol 50 mg. Duration was not documented in submitted report. The rationale for the topical cream was not submitted for review. The Request for Authorization Form was submitted on 12/16/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Menthoderm Topical Cream DOS: 2/14/14: 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 Topical Analgesics Page(s): 111.

Decision rationale: The request for Retrospective Menthoderm Topical Cream DOS: 2/14/14 is not medically necessary. The injured worker complained of low back pain. The injured worker rated his pain at 1/10 with medication and 7/10 without medication. The MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Menthoderm consists of methyl salicylate 15% analgesic/counter adherent and menthol 10% analgesic/counter adherent. Given the above, Menthoderm is not recommended by the MTUS. Furthermore, there is no literature to support efficacy, any advantage over over-the-counter medication or other medications already being prescribed. There was also no evidence of antidepressants and anticonvulsants having been tried and failed. The submitted request also did not specify a duration or frequency of the medication. As such, the request for retrospective Menthoderm topical cream DOS 02/14/2014 is not medically necessary.