

Case Number:	CM14-0074411		
Date Assigned:	07/16/2014	Date of Injury:	02/03/2006
Decision Date:	09/29/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/21/2014

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 Anesthesia, has subspecialties in Acupuncture and Pain Medicine, 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 is a 51 year old male injured worker with a date of injury of 2/3/06 and related right lower back pain. Per the progress report dated 2/28/14, he rated his pain 6/10 in intensity. He also complained of right foot pain rated 10/10 in intensity. MRI of the lumbar spine dated 10/27/09 revealed severe right neural foraminal narrowing and mild left neural foraminal narrowing secondary to a large right paracentral disc bulge and bilateral facet hypertrophy at L5-S1, moderate right neural foraminal narrowing at L2-L3, mild bilateral neural foraminal narrowing at L3-L4, and mild right and moderate left neural foraminal narrowing at L4-L5. He has been treated with chiropractic manipulation, acupuncture, and medication management. The date of UR decision was 4/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Methyl-C for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Pages 123-125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 60, 111-113.

Decision rationale: Methyl-C is composed of methyl salicylate, menthol crystal, and capsaicin. Capsaicin may have an indication for chronic lower back pain in this context. Per the Chronic Pain Medical Treatment Guidelines, there are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. Methyl salicylate may have an indication for chronic pain in this context. Per the Chronic Pain Medical Treatment Guidelines, it is recommended. Topical salicylates (e.g., Ben-Gay, methyl salicylate) are significantly better than placebo for chronic pain. Methyl-C contains menthol. The California MTUS, Official Disability Guidelines, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. A lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended." Since menthol is not medically indicated, then the overall product is not indicated, as the Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As such, the request is not medically necessary.