

Case Number:	CM14-0075560		
Date Assigned:	07/16/2014	Date of Injury:	05/02/2008
Decision Date:	10/07/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/23/2014

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 Nevada. 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 47-year-old female who was reportedly injured on May 2, 2008. The mechanism of injury was noted as being a passenger on a bus involved in a motor vehicle collision. The most recent progress note dated March 7, 2014, indicated that there were ongoing complaints of shoulder pain. Urine drug screening was completed. The physical examination of January 30, 2014 demonstrated a normal gait pattern, a normal lordosis of the lumbar spine, straight leg raising to be positive on the right and there was muscle spasm in the paravertebral musculature. There was tenderness to palpation over the facet joints at L4-L5 and the right sacroiliac joint. Diagnostic imaging studies objectified an interstitial tear of the supraspinatus muscles, postsurgical changes, and degenerative changes of the glenohumeral joint and subcortical cyst findings. Previous treatment included physical therapy, acupuncture, multiple medications and pain management interventions. A request was made for topical preparations and was not certified in the pre-authorization process on April 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retroactive Biofreeze Gel 3oz for date of service 04/08/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: This ointment is a topical analgesic ointment containing methyl salicylate 20% and menthol 5%. The California Medical Treatment Utilization Schedule notes that topical analgesics are largely experimental and there have been few randomized controlled trials that support the efficacy or utility of such an application. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Based on the clinical documentation provided, there is no documentation that a previous trial of oral antidepressant or anticonvulsant has been attempted. As such, in accordance with the California Medical Treatment Utilization Schedule parameters and taking into account, the physical examination findings reported, the requested medication is not medically necessary.

Retroactive Terocin Lotion 120ml for date of service 04/08/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105 and 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105,112.

Decision rationale: Terocin is a topical analgesic containing lidocaine and menthol. California Medical Treatment Utilization Schedule guidelines support topical lidocaine as a secondary option for neuropathic pain after a trial of an antiepileptic drug or anti-depressants have failed. There is no evidence-based recommendation or support for menthol. California Medical Treatment Utilization Schedule guidelines state, that topical analgesics are "largely experimental," and that "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended". As such, when noting the parameters outlined in the California Medical Treatment Utilization Schedule, and with the conical information presented in the progress notes reviewed, this request is considered not medically necessary.