

Case Number:	CM13-0062622		
Date Assigned:	12/30/2013	Date of Injury:	05/11/2011
Decision Date:	01/23/2015	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/06/2013

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 Orthopedic Surgery, and is licensed to practice in Georgia. 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 32 year old male was injured on 5/11/11 and sustained injury to his low back with persistent pain on the right side of the back and the right buttock area. The mechanism of injury was not indicated. Documentation indicates that this is a re-injury from 2009 when an MRI revealed a 4 mm protrusion at L4-5 and L5-S1 and established axial and low back involvement with MRI findings. He underwent right L4 to S1 laminectomy and discectomy on 2/1/13. As of 10/15/13 the injured worker continues to exhibit tenderness at the lumbar paravertebral muscles with spasm on the right side and tenderness at the right sacral area and sciatic notch and residual numbness and tingling of the right foot. He exhibits considerable stiffness with limited mobility. He has decreased range of motion associated with low back pain. There is a lumbar scar that is well healed. In the supine position straight leg raise elicits radicular type pain posteriorly into the right lower extremity. The pain is aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing and walking multiple blocks. Activities of daily living (bathing, dressing and hygiene) are compromised due to pain he is not precluded from performing them. Medications include Naproxen, Cyclobenzaprine, Ondansetron, Omeprazole, Tramadol and Terocin Patch. Diagnoses include right lumbar radiculopathy, lumbar disc pathology per MRI (there is no report or date of MRI), recurrent musculoligamentous strain of the lumbosacral spine and status post L4-5 and L5-S1 decompression with microdiscectomy, hemilaminectomy and foraminotomy. He was to continue with post-operative physical therapy twice a week for four weeks. Documentation from 9/9/13 indicates completion of a short course of physiotherapeutic measures that included some exercises and this elicited some complaints on the part of the injured worker. There were six separate urinalysis done to determine current level of prescription medications. By 11/5/13 the radicular component of his pain had resolved but he had increasing pain in the low back with some transient extension of symptomatology into the legs bilaterally. It

was recommended that he needs to lose a considerable amount of weight. He remains temporarily totally disabled and has not worked since August of 2011. The Request for Authorization was dated 11/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Gel (Lidocaine, Methyl Salicylate, Menthol and Capsaicin): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 104, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Menthoderm gel (lidocaine, methyl salicylate, menthol and capsaicin) is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental with few randomized controlled trials to determine their efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It also indicates that any compound product that contains at least one drug or drug class that is not recommended is not recommended. Additionally, the guidelines state that topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain, and that no other commercially approved topical formulations of lidocaine, whether they are creams, gels, or lotions are indicated for neuropathic pain. While the patient increasing pain to his low back with some transient extension of symptomology into the bilateral legs, it has been greater than 1 year since his last physical examination. Additionally, lidocaine is not indicated for neuropathic pain in the formulation of creams, lotions, or gels. Furthermore, the request as submitted failed to indicate the frequency of use or the area to which it is to be applied. As such, the request for Menthoderm gel (Lidocaine, Methyl Salicylate, Menthol and Capsaicin) is not medically necessary.