

Case Number:	CM14-0199896		
Date Assigned:	12/10/2014	Date of Injury:	01/09/2013
Decision Date:	02/13/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	12/01/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic neck pain, bruxism, and cervical spinal stenosis reportedly associated with an industrial injury of January 9, 2013. In a Utilization Review Report dated October 22, 2014, the claims administrator failed to approve request for Methoderm gel and Xolido cream. The claims administrator referenced a July 24, 2014 progress note in its determination. On February 27, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of headaches, neck pain, and low back pain while tramadol, Terocin, Theramine, Sentra, GABA done, Methoderm, a flurbiprofen-containing cream, Genicin (glucosamine), Somnicin, gabacetyclotram, and many other topical compounds and dietary supplements were prescribed. 7-8/10 multifocal pain complaints were reported on that date. On July 24, 2014, the applicant reported multifocal complaints of headaches, neck pain, low back pain, highly variable, 5/10 with medications versus 10/10 without medications. Multiple medications were refilled, including tramadol, Terocin, Xolido, and Methoderm. Drug testing was endorsed. The applicant's work status was not clearly outlined on this particular occasion. In an April 24, 2014 progress note, the applicant was placed off of work, on total temporary disability through July 17, 2014. On August 29, 2014, the applicant again reported 4 to 8-1/2 over 10 pain complaints. Naproxen, Xolido, Methoderm, and various other agents were endorsed. The applicant's work status was not clearly stated, although the attending provider seemingly suggested that he was planning to declare the applicant permanent and stationary at the next visit. In a later note dated August 26, 2014, the attending provider declared the applicant permanent and stationary. The applicant was not working, it was acknowledged. A rather proscriptive 10-pound lifting limitation was endorsed. The applicant was given a 25% whole-person impairment rating.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm gel 120gm retro dos: 7/24/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals; Functional Restoration Approach to Chronic Pain Management Section Page(s):.

Decision rationale: While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does topical salicylates such as Mentherm are recommended in the treatment of chronic pain as was/is present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant was/is off of work, on total temporary disability, despite ongoing usage of Mentherm. Ongoing usage of Mentherm has failed to curtail the applicant's dependence on opioid agents such as Tramadol and/or various and sundry dietary supplements and topical compounds which the applicant was using. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS, despite ongoing usage of Mentherm. Therefore, the request is not medically necessary.

Xolido 2% cream 118ml retro dos: 7/24/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Xolido Medication Guide

Decision rationale: Per the National Library of Medicine (NLM), Xolido is a lidocaine containing cream. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there has been no documented trial and/or failure of first-line antidepressants and/or anticonvulsants prior to selection, introduction, and/or ongoing usage of the lidocaine-containing Xolido cream at issue. Therefore, the request is not medically necessary.