

Case Number:	CM14-0036399		
Date Assigned:	06/25/2014	Date of Injury:	11/27/2012
Decision Date:	01/27/2015	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/25/2014

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 Rehab, has a subspecialty in Interventional spine, 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 patient is a 39 year old male with the injury date of 11/27/12. Per physician's report 09/22/14, the patient has lower back pain, radiating down his right leg. The patient has had extensive conservative treatment, including physical therapy. The patient has "a lumbar epidural injection on 05/15/14, which gave him about 70% pain relief for 4 months" The patient is not working. The patient presents limited range of lumbar motion. His lumbar flexion is 45 degrees, extension is 15 degrees and lateral bending is 20 degrees bilaterally. The lists of diagnoses are:1) Lumbar myoligamentous injury with bilateral lower extremity radicular symptoms 2) Right lateral epicondylitis 3) S/P L4-5 microdiscectomy in 2007 Per 04/04/14 progress report, the patient has "constant low back pain, radiating down his right leg, aggravated by lifting, pulling, pushing, turning and twisting." The patient also complains of right elbow pain. The patient experiences weakness in his right hand. Per 03/26/14 progress report, the patient has the same pain and weakness in his lower back and right leg. The patient is not taking any medication. The utilization review determination being challenged is dated on 03/12/14. Three treatment reports were provided from 03/26/14 to 09/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin pain patches #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; lidoderm patches Page(s): 111, 113; 56, 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, lidoderm patches

Decision rationale: The patient presents with pain and weakness in his lower back and right leg. The patient is s/p L4-5 microdiscectomy in 2007. The request is for Terocin patches #20. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica)." MTUS page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. None of the reports contain information of whether or not the patient has tried Terocin patches in the past. The review of the reports does not show any discussion specific to this medication or the evidence of "localized pain that is consistent with neuropathic etiology." The request is not medically necessary.

Menthoderm gel #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate topical Page(s): 111, 113; 105.

Decision rationale: The patient presents with pain and weakness in his lower back and right leg. The patient is s/p L4-5 microdiscectomy in 2007. The request is for Mentoderm gel #240. Mentoderm gel contains Methyl salicylate 15.00% and Menthol 10.00%. Regarding topical analgesics, MTUS states they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, page 105 in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. Per MTUS, the specific indications for topical NSAIDs are peripheral joint arthritis/tendinitis problems. None of the reports contain information of whether or not the patient has tried Mentoderm gel in the past. The review of the reports does not show any discussion specific to Mentoderm gel. This patient does not present with peripheral joint arthritis/tendinitis problems. The request is not medically necessary.