

Case Number:	CM14-0042617		
Date Assigned:	06/20/2014	Date of Injury:	02/27/1989
Decision Date:	01/05/2015	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/14/2014

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, has a subspecialty in Interventional Spine Pain Management 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 52 year old male with an injury date of 02/27/89. Based on the 01/22/14 progress report, the patient complains of low back pain which radiates to his right gluteal area. He rates this pain as a 5-6/10 without medications and a 2/10 with medications. The cervical spine has stiffness and there is a limited range of motion. In regards to the lumbar spine, there is tenderness to palpation over the paraspinal muscles associated with muscular spasm. There is a limited range of motion due to pain, weakness of the lower extremities, and decreased sensation over the left lower extremity. The 02/14/14 report indicates that the patient has neck pain and low back pain with radiating pain, numbness, and weakness in the right lower extremity. He rates his pain as a 5-6/10 without medications and a 3/10 with medications. Regarding the lumbar spine, the patient has a positive straight leg raise on the right. The patient's diagnoses include the following: Status post cervical spine surgery (date of surgery not provided) and Lumbar spine herniated nucleus pulposus with radiculopathy. The utilization review determination being challenged is dated 03/03/14. There were three treatment reports provided from 01/22/14, 02/14/14, and 05/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription for Menthoderm Gel 120gm (Express Scripts): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesic Page(s): 111-113.

Decision rationale: According to the 02/14/14 report, the patient presents with neck pain and low back pain with radiating pain, numbness, and weakness in the right lower extremity. The request is for 1 prescription for Methoderm Gel 120gm (Express Scripts) to be applied to "the affected areas 2 times per day as needed for the right lower extremity radicular pain and numbness." It appears as though the patient began using this gel on 02/14/14. Methoderm gel contains methyl salicylate 15% and methyl 10%. Topical NSAIDs are supported for peripheral joint arthritis/tendinitis type of problems, mostly for short term. Regarding topical NSAIDs MTUS also states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." In this case, the patient presents with neck pain and low back pain with radiating pain, numbness, and weakness in the right lower extremity. However, there are no diagnoses of peripheral joint arthritis, tendinitis, or osteoarthritis for which topical NSAIDs are indicated. MTUS specifically speaks against its use for spinal conditions. Also, MTUS page 60 requires documentation of pain function when medications are used for chronic pain. The provider does not address pain reduction or functional improvement with use of this topical. Therefore, this request is not medically necessary.