

Case Number:	CM15-0000134		
Date Assigned:	01/09/2015	Date of Injury:	03/07/2012
Decision Date:	03/16/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 61 year old female, who sustained an industrial injury on 03/07/2012. She has reported low back pain radiating into the left lower extremity with numbness and tingling, left shoulder pain, left-sided chest pain, and neck pain. The diagnoses have included sciatica, osteoarthritis of the knee, shoulder joint pain, hip pain, displacement of cervical intervertebral disc without myelopathy, degeneration of the cervical intervertebral disc, spinal stenosis in the cervical region, low back pain, disorder of bursa of the shoulder region, enthesopathy of the hip region, and brachial neuritis. Treatment to date has included physical therapy, multiple medications, left hip injections, chiropractic and acupuncture treatments, and a lumbar microdiscectomy (09/27/2013). Currently, the IW complains of continued low back pain with radiculopathy with left leg weakness and pain. On 09/27/2013, the injured worker underwent a micro lumbar discectomy at the left L4-L5 and neuroplasty of the L5 nerve root with continued low back pain. Physical therapy was recommended and 12 sessions were authorized. The injured worker has been prescribed multiple medications with continued pain, and chiropractic and acupuncture treatments have failed to provide significant pain relief. On 12/22/2014, Utilization Review non-certified a retrospective request for a prescription for Methoderm topical gel quantity 240 grams, noting the lack of peer studies, and the recommendation for use in treating minor pain for a short duration and not long term use. The MTUS was cited. On 12/22/2014, Utilization Review non-certified a retrospective request for a prescription for Terocin patches quantity 30, noting the non-recommendation of this medication

for this type of pain. The MTUS was cited. On 12/31/2014, the injured worker submitted an application for IMR for review of Mentherm topical gel and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Mentherm topical gel QTY: 240 grams DOS: 11/17/2014: Overturned

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

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

Decision rationale: Mentherm topical contains menthol and methyl salicylate. Chronic pain guidelines recommend salicylate topicals such as BenGay, methyl salicylate. Topical salicylate is significantly better than placebo in chronic pain. As such, the request for Mentherm is appropriate and medically necessary.

Retro: Terocin patches QTY: 30 DOS 11/17/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics: Capsaicin, Lidocaine Page(s): 112, 113..

Decision rationale: Terocin is a topical analgesic containing Capsaicin, lidocaine, menthol, and methyl salicylate. California MTUS chronic pain guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Capsaicin is recommended only as an option in patients who have not responded to or are intolerant of other treatments. Lidocaine: Lidoderm. No other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Terocin ointment was prescribed to decrease patient's pain locally and improve the function. However, objective evidence of functional improvement was not provided. Intolerance to other treatments was not provided. This topical formulation of lidocaine is not indicated for neuropathic pain. As such, the request for Terocin patches #30 is not supported and the medical necessity is not established.