

Case Number:	CM15-0109336		
Date Assigned:	06/15/2015	Date of Injury:	01/30/2013
Decision Date:	07/14/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/05/2015

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: California
 Certification(s)/Specialty: Emergency Medicine

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 75 year old female sustained an industrial injury on 1/30/13. She subsequently reported left hip pain. Diagnoses include left acetabulum fracture. Treatments to date include diagnostic testing, physical therapy and prescription pain medications. Body part that received physical therapy was not documented. The injured worker has complaints of neck and left upper extremity pain. Upon examination, there was decreased sensation in the left lateral C6-7 distribution and numbness in the left posterior thigh in S1 and S2 distribution. Motor strength in left arm and bilateral lower extremities was 4/ 5. Reflexes are 2 minus in biceps, triceps, brachioradialis and patella when compared to contralateral side. Xray of cervical spine reveals degenerative changes. No medication list was provided or any documentation of ongoing medical issues. A request for Menthoderm bottles 120gm times 2 bottles, Terocin patches #30 and MRI cervical spine without contrast was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthodern bottles 120gm times 2 bottles: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Mentherm is a topical product containing Methyl-salicylate and menthol. Methyl-Salicylate is a topical Non-steroidal anti-inflammatory drug(NSAID). As per MTUS Chronic pain guidelines, most recommendation for topical analgesics are related to neuropathic pains. Topical NSAIDs may be useful in chronic musculoskeletal pains especially osteoarthritic pain in shoulders, hip, wrist, knees etc. This medication was prescribed for neck pain which is not recommended by MTUS guidelines. There is also no provided medication list leading to risk for medication interactions. Mentherm is not medically necessary.

Terocin patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical Salicylate; Topical Analgesics Page(s): 105; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (Web), 2011, chronic pain - salicylate topicals.

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

Decision rationale: The requested product is a patch composed of multiple medications. As per MTUS guidelines, "Any compounded product that contain one drug or drug class that is not recommended is not recommended." Terocin contains capsaicin, lidocaine, Methyl Salicylate and Menthol. 1) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure. It is not recommended due to no documentation of prior treatment failure or any successful trial. 2) Lidocaine: Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no documentation of at an attempt of trial with a 1st line agent and there is no documentation on where the patches are to be used. It is therefore not recommended. 3)Methyl-Salicylate: Shown to be superior to placebo. It should not be used long term. It is not effective for spinal pain and patient was also prescribed another medication with NSAIDs leading to risk of toxicity. Medically not recommended. 4)Menthol: There is no data on Menthol in the MTUS. Since all components are not recommended, the combination medication Terocin, as per MTUS guidelines, is not recommended.

MRI cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: As per ACOEM guidelines, indications for neck imaging include "red flag" findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. The documentation does not support any indication for imaging. There is no documentation of prior conservative care or physical therapy of the neck. There is no documentation of worsening symptoms. A recent neurological exam noted some sensory deficits but no motor weakness. Documentation does not support any indication for an MRI. MRI of cervical spine is not medically necessary.