MAXIMUS Federal Services

Case Number:	CM15-0132429		
Date Assigned:	07/20/2015	Date of Injury:	06/14/2013
Decision Date:	08/24/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/08/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 64-year-old male, who sustained an industrial injury on June 14, 2013. The injured worker reported continuous trauma injuries to the neck, upper back, lower back, left shoulder, left forearm, hands, legs, knees, and feet. The injured worker was diagnosed as having neuroma of the second interspace of the left foot, neuropathy of the bilateral lower extremities, diabetes with diabetic polyneuropathy, radiculopathy, status post rotator cuff surgery, upper low back sprain and strain, and right hip degenerative joint disease. Treatment and diagnostic studies to date has included physical therapy, magnetic resonance imaging of the right knee, acupuncture, and chiropractic therapy. In a progress note dated April 29, 2015 the treating physician reports complaints of pain to the left foot, back pain that radiates to the right side to the legs with numbness and sensitivity, and upper back pain. Examination reveals restricted range of motion to the shoulder and the bilateral ankles. The treating physician requested the medication Med 1st Relief Topical Spray with a quantity of 354 with a 30-day supply for treatment of neuroma and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED 1st Relief Topical Spray Qty 354 30 day supply: Upheld

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

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

Decision rationale: Per the documentation submitted for review, Med 1st relief spray contains lidocaine and menthol. Regarding topical lidocaine, MTUS states (p112) "Neuropathic pain: 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). Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo." (Scudds, 1995). The documentation does not indicate that there has been a trial of anti-depressant or AED for neuropathic pain. Topical lidocaine is not indicated. The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since menthol is not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 states, "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually.