

Case Number:	CM15-0142202		
Date Assigned:	08/03/2015	Date of Injury:	01/02/2015
Decision Date:	09/23/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/22/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 31-year-old female, with a reported date of injury of 01-02-2015. The mechanism of injury was an increased workload. The injured worker's symptoms at the time of the injury included achiness in the occiput with associated headaches. The diagnoses include C4-5 moderate central and moderate left foraminal narrowing and C5-6 and C6-7 moderate central and severe left foraminal narrowing with subsequent radiculopathy; cervical facet syndrome with overlying myofascial pain; and occipital headaches. Treatments and evaluation to date have included acupuncture treatment, oral medications, trial of a cervical collar, and one session of physical therapy. According to the medical report dated 03-11-2015, the diagnostic studies to date have included x-rays of the cervical spine on 01-27-2015, which showed mild degenerative changes, slight scoliosis, mild C5-6 and C6-7 disc space narrowing with multilevel endplate ridging and minimal anterolisthesis at C6; and an MRI of the cervical spine on 02-17-2015 which showed multilevel degenerative changes with multilevel central and foraminal narrowing, central and left foraminal narrowing at C4-5, C5-6, and C6-7. The medical report dated 07-15-2015 indicates that the injured worker had increasing neck pain. She noted improvement over the last month. It was noted that the injured worker was interested in returning to modified duty, and that she required minimal medications. She occasionally used Ibuprofen, and stopped taking the opioid, acetaminophen, and muscle relaxant. The injured worker felt 95% better, and rated her pain 1 out of 10. The physical examination showed a normal gait, bilateral cervical rotation was 80 degrees, bilateral cervical flexion and extension was 20 degrees, and upper extremities motor grossly intact with normal sensation. The injured

worker was released at a modified duty trial. The medical report dated 06-03-2015 indicates that the injured worker continued to have difficulty turning her neck to the left. She rated her pain 4 out of 10. It was noted that she would trial and was dispensed two bottles of Methoderm. The injured worker remained temporary totally disabled. The treating physician requested Medrox patch #30, Methoderm #240, Terocin lotion #240, and Terocin patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patch #30: Upheld

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

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was documentation that the injured worker had signs and symptoms consistent with cervical radiculopathy. There was no evidence that the injured worker had failed a trial of an antidepressant or anticonvulsant as first-line therapy. Medrox patches contain: methyl salicylate, menthol and capsaicin. The MTUS states that Capsaicin is only recommended when other conventional treatments have failed. There was documentation that physical therapy and cervical collar use which did not provide lasting relief. The guidelines recommend the 0.025% strength for the more common indications, such as osteoarthritis, fibromyalgia, non-specific back pain. There is no evidence of osteoarthritis or fibromyalgia. She complains of ongoing neck pain. There is the strength of 0.375% of Capsaicin in Medrox. The MTUS guidelines do not address Menthol for topical application. The treating physician's request did not include the site of application. In addition, since the guidelines do not recommend several of the ingredients, there is no medical necessity for this patch. Medical necessity for the requested topical agent is not established. The requested Medrox patch is not medically necessary.

Methoderm #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals and Topical Analgesics Page(s): 105 and 111-113.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." They are "largely experimental in use with few randomized controlled trials to determine effectiveness or safety." There was no documentation that the injured worker had failed a trial of an antidepressant or anticonvulsant first-line therapy. Methoderm cream

contains: menthol and methyl salicylate. The MTUS guidelines do not address Menthol. The MTUS indicates that topical salicylate is recommended for chronic pain. According to the guidelines, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.

Terocin lotion #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals and Topical Analgesics Page(s): 105 and 111-113.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." They are "largely experimental in use with few randomized controlled trials to determine effectiveness or safety." Terocin lotion is a combination of methyl salicylate, capsaicin, menthol, and lidocaine. Topical salicylate is recommended by the guidelines. The guidelines indicate that topical capsaicin is recommended only as an option in patients who have not responded to or are intolerant to other treatments. Topical lidocaine other than Lidoderm is not recommended per the MTUS. The form of lidocaine requested in this case is not Lidoderm. Menthol is not addressed by the MTUS. There is no documentation of intolerance to other previous medications. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.

Terocin patch #30: Upheld

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

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." They are "largely experimental in use with few randomized controlled trials to determine effectiveness or safety." There was documentation that the injured worker had signs and symptoms consistent with cervical radiculopathy. There was no evidence that the injured worker had failed a trial of an antidepressant or anticonvulsant as first-line therapy. Terocin patch contains: lidocaine and menthol. Topical lidocaine other than Lidoderm is not recommended per the MTUS. The form of lidocaine requested in this case is not Lidoderm. Menthol is not addressed by the MTUS. According to the guidelines, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The treating physician's request did not include the concentration, site of application, or

directions for use. As such, the prescription is not sufficient. For these reasons, the request for Terocin patch is not medically necessary.