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| Case Number: | CM15-0144521 | | |
| Date Assigned: | 08/05/2015 | Date of Injury: | 12/31/2014 |
| Decision Date: | 09/02/2015 | UR Denial Date: | 07/14/2015 |
| Priority: | Standard | Application Received: | 07/27/2015 |

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 40 year old male who sustained an industrial injury on 12-31-14 from a slip and fall injuring his cervical spine, lumbar spine, shoulders and knees. He was medically evaluated, had x-rays which were negative, given medication for pain and inflammation. He currently complains of moderate to severe neck and shoulder pain radiating to the upper extremities with numbness and tingling; frequent low back pain and bilateral knee pain radiating to the lower extremities with numbness and tingling. On physical exam there was decreased range of motion of the neck, bilateral shoulders, low back and bilateral knees with spasms of bilateral upper trapezius, cervical and lumbar paravertebral musculature. Medications were Ultracet, naproxen, Prilosec, Menthoderm cream. Diagnoses include rheumatoid arthritis; cervicgia; bilateral shoulder pain; lumbago; bilateral knee pain; lumbar radiculopathy; lumbar discogenic pain; sleep disorder. Treatments to date include medications; physical therapy; bilateral L5-S1 transforaminal epidural steroid injection; pain management, psychological evaluation. Diagnostics include MRI of the lumbar spine (2-4-15) showing disc protrusion; MRI of the left shoulder (3-31-15) showing osteoarthritis, subchondral cyst formation, tendinosis; MRI of the right shoulder (4-5-15) showing osteoarthritis, tendinosis; MRI of the left knee (4-2-15) showing globular increased signal intensity in the posterior horn of the medial meniscus; MRI of the right knee (4-3-15) showing globular increased signal intensity in the posterior horn of the medial meniscus. In the progress note dated 1-13-15 the treating provider's plan of care included a request for Menthoderm cream to be applied topically to affected area three times per day as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm cream #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate Page(s): 105-111.

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenicamines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.