

Case Number:	CM15-0020477		
Date Assigned:	02/10/2015	Date of Injury:	03/06/2013
Decision Date:	04/01/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/03/2015

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, Tennessee
 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:

The injured worker is a 42 year old male, who sustained an industrial injury on March 6, 2013. He has reported an injury to his low back while climbing a ladder. The diagnoses have included chronic low back pain, lumbar degenerative disc disease, left radiculopathy, left L5-S1 and lumbar canal stenosis. Treatment to date has included TENS unit, medication, chiropractic therapy, acupuncture therapy and diagnostic studies. Currently, the injured worker complains of low back pain which he rates an 8 on a 10-point scale. The pain is described as spicy pain which radiates to the left lower extremity associated with numbness and tingling. The pain is interfering with sleep and worsens with stooping and bending. He uses a crutch to ambulate. The injured worker reports that he uses a TENS unit and performs home exercise program. The evaluating physician noted that self-TPT trial was that day and was dispensed after education on its use and safety. A heating peripheral artery disease was given to the injured worker after the TPT trial. On January 5, 2015 Utilization Review non-certified a request for Menthoderm Topical and TPT, noting that the guidelines state that topical medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The topical medications are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Utilization Review also noted that it is not clear why the primary treating physician is referring to a request for TPT. There is no subjective or objective documentation that explains or supports the request for TPT. The California Medical Treatment Utilization Schedule was cited. On February 3, 2015, the injured worker submitted an application for IMR for review of Menthoderm Topical and TPT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Topical: 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 Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Menthoderm: Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain.

Decision rationale: Menthoderm gel is a compounded topical analgesic containing methyl salicylate and menthol. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Methyl salicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. There are no guidelines regarding the efficacy of menthol. The lack of evidence does not allow determination of efficacy or safety. This medication contains a drug that is not recommended. Therefore the medication cannot be recommended. The request should not be authorized.

TPT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 122.

Decision rationale: In this case the request is for a theracane for trigger point self therapy. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. In this cases documentation in the medical record does not support the patient has trigger points. Trigger point therapy is not medically necessary. The request should not be authorized.