

Case Number:	CM15-0029615		
Date Assigned:	02/23/2015	Date of Injury:	07/08/2013
Decision Date:	04/08/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/17/2015

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: Physical Medicine & Rehabilitation

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 26 year old male who sustained an industrial injury as a machine operator to his back when he tripped on July 8, 2013. A second work injury was reported on November 9, 2013 when he hit his head on a machine. A magnetic resonance imaging (MRI) performed on April 28, 2014 noted disc protrusion and moderate facet joint disease at L5-S1 with compression of the left L5 nerve root and degenerative disc bulge at L3-L4 effacing the thecal sac. No cervical spine diagnostics/reports were noted. The injured worker was diagnosed with cervical and lumbar sprain/strain, lumbar radiculitis and lumbar disc protrusion. According to the primary treating physician's progress report on January 7, 2015 the injured worker continues to experience low back pain, neck pain with associated numbness and tingling to the upper extremities and headaches. On exam the posterior cervical area was rigid with numerous trigger point tenderness and decreased range of motion with guarding. Sensory examination was decreased in the left palm. Lumbar evaluation demonstrated tenderness and palpation with trigger points throughout the paraspinal muscles with decreased range of motion and radicular symptoms of the left leg. The injured worker underwent four trigger point injections to the lumbar area on January 7, 2015. Current medications consist of Naproxen, Anaprox, Tramadol, Prilosec and topical analgesics. Treatment modalities consist of physical therapy without benefit and medication. The injured worker is on temporary total disability (TTD) and remains off work. treating physician requested authorization for Aleveer Patches #30. On February 9, 2015 the Utilization Review denied certification for Aleveer Patches #30. Citations used in the

decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aleveer Patches #30: Upheld

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

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

Decision rationale: This patient presents with constant low back pain that radiates to the bilateral knees with numbness and tingling. The current request is for ALEEVEER PATCHES #30. According to www.medlibrary.org/lib/rx/meds/aleveer-patch, Aleveer contains menthol 5% and capsaicin 0.0375%. The website indicates that this drug has not been found by FDA to be safe and effective, and this labeling has not been approved by FDA. The MTUS Guidelines page 111 has the following regarding topical creams, Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. MTUS further states, any compounded product that contains at least one (or drug class) that is not recommended is not recommended. The MTUS Guidelines allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines consider doses that are higher than 0.025% to be experimental particularly at high doses. Aleveer contains 0.0375% of capsaicin, which is not supported by MTUS. More importantly, this medication is not FDA approved to be safe and effective. The requested Aleveer is not medically necessary.