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| Case Number: | CM15-0032906 | | |
| Date Assigned: | 02/26/2015 | Date of Injury: | 05/02/2013 |
| Decision Date: | 04/09/2015 | UR Denial Date: | 02/02/2015 |
| Priority: | Standard | Application Received: | 02/23/2015 |

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 36 year old male, who sustained an industrial injury on 05/02/2013. On provider visit dated 01/15/2015 the injured worker has reported frequent burning and throbbing headaches, upper to mid back pain, low back pain, right shoulder and elbow pain, and right wrist pain and numbness that radiates to fingers. All complaints of pain are accompanied by tingling. The diagnoses have included headache, cervical sprain/strain with myospasm and rule out disc protrusion, thoracic sprain/strain with myospasm and rule out disc protrusion, lumbar sprain/strain with myospasm and rule out disc protrusion, bilateral shoulder sprain/strain with myospasm and rule out disc protrusion, right elbow sprain/strain with lateral epicondylitis, right wrist sprain/strain status post right wrist surgery 8/2014. Treatment to date has included physical therapy, pain management and medication. On examination he was noted to have a decreased range of motion in cervical spine with paravertebral muscles and bilateral trapezil muscles. Thoracic and lumbar spine and left and right shoulder range of motion are decreased and painful. Tenderness to palpation of the thoracic and lumbar paravertebral muscles as well as bilateral shoulders was noted. On 02/02/2015 Utilization Review non-certified Menthoderm 15%-10%, #360/30, with 0 refills and LenzaPatch 4%-1% #1/30 with 0 refills. The CA MTUS Chronic Pain Medical Treatment Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentoderm 15%-10%, #360/30, with 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105 and 112.

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

Decision rationale: Mentoderm contains methyl salicylate 15% and menthol 10%. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. Mentoderm (menthol and methyl salicylate) contains menthol a topical analgesic that is not recommended by MTUS. Furthermore, there is no documentation of the patient's intolerance of oral anti-inflammatory medications. Based on the above, Mentoderm Gel is not medically necessary.

LenzaPatch 4%-1% #1/30 with 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The proposed topical analgesic contains Lidocaine and Menthol, a topical analgesic that is not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, LENZA patch is not medically necessary.