

Case Number:	CM15-0034547		
Date Assigned:	03/03/2015	Date of Injury:	07/17/2009
Decision Date:	04/14/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/24/2015

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: Texas, California
 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:

This is a 48 year old male patient, who sustained an industrial injury on 7/17/2009. The diagnoses have included lumbar intervertebral disc displacement; lumbosacral neuritis NOS; myofascial pain syndrome. He sustained the injury while lifting and moving boxes. Per the doctor's note dated 2/24/2015, he had complaints of low back pain with radiation to the right leg. The physical examination of the lumbar spine revealed tenderness, decreased range of motion, 4 to 4+/5 strength in right lower extremity and pain at 60 degrees with straight leg raising on the right side. The medications list includes medrox patches and aleve. He has tried lyrica and lidoderm patches. He has had prior lumbar injection on 12/3/2009 with 30% relief. He has had MRI lumbar on 9/20/12 which revealed mild facet arthropathy at L3-4, 2mm disc bulge at L4-5 with facet arthropathy causing right L4 foraminal narrowing, 1.9 mm left sided disc protrusion at L5-S1 with 6 mm annular tear with facet arthropathy and left moderate foraminal narrowing; EMG/NCS lower extremities dated 6/25/2010 and 5/20/13 with no evidence of radiculopathy. He has had physical therapy; acupuncture and chiropractic care for this injury. On 2/3/15 Utilization Review non-certified Outpatient right L4-L5 transforaminal epidural, and Medrox patches (20% methyl salicylate, 5% menthol, 0.0375% capsaicin), and Terocin lotion (20% methyl salicylate, 10% menthol, 0.025% capsaicin, 2.5% Lidocaine). The MTUS Guidelines were cited. On 2/24/15, the injured worker submitted an application for IMR for review of Outpatient right L4-L5 transforaminal epidural, and Medrox patches (20% methyl salicylate, 5% menthol, 0.0375% capsaicin), and Terocin lotion (20% methyl salicylate, 10% menthol, 0.025% capsaicin, 2.5% Lidocaine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right L4-L5 transforaminal epidural: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Request: Outpatient right L4-L5 transforaminal epidural. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Per the records provided patient had EMG/NCS lower extremities dated 6/25/2010 and 5/20/13 with no evidence of radiculopathy. Therefore evidence of radiculopathy documented by physical examination and corroborated by electrodiagnostic testing is not specified in the records provided. Per the records provided he has had prior lumbar injection on 12/3/2009 with 30% relief. The records provided do not specify objective documentation of at least 50% improved functional response and decrease in need for pain medications, for a duration six to eight weeks with prior lumbar steroid injections. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Failure to previous conservative therapy including physical therapy visits and pharmacotherapy is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. The medical necessity of Outpatient right L4-L5 transforaminal epidural is not fully established for this patient.

Medrox patches (20% methyl salicylate, 5% menthol, 0.0375% capsaicin): Upheld

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

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

Decision rationale: Request: Medrox patches (20% methyl salicylate, 5% menthol, 0.0375% capsaicin). Medrox is a topical analgesic consisting of Methyl salicylate, Menthol, Capsaicin. MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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. There is little to no research to support the use of many of these agents." Per the cited guidelines, "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." Patient has tried Lyrica. Failure of antidepressants is not specified in the records provided. Any intolerance or lack of response to oral medications is not specified. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no high-grade clinical evidence to support the effectiveness of topical menthol in lotion form. The medical necessity of Medrox patches (20% methyl salicylate, 5% menthol, 0.0375% capsaicin) is not fully established for this patient at this juncture.

Terocin lotion (20% methyl salicylate, 10% menthol, 0.025% capsaicin, 2.5% lidocaine).:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Request: Terocin lotion (20% methyl salicylate, 10% menthol, 0.025% capsaicin, 2.5% lidocaine). Terocin lotion contains methyl salicylate, Capsaicin, Menthol and Lidocaine. According to the MTUS Chronic Pain Guidelines, regarding topical analgesics state that the use of topical analgesics is "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." 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. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Patient has tried Lyrica. Failure of antidepressant is not specified in the records provided. Any intolerance or lack of response to oral medications is not specified. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no high grade clinical evidence to support the effectiveness of topical menthol in lotion form. The medical necessity of Terocin lotion (20% methyl salicylate, 10% menthol, 0.025% capsaicin, 2.5% lidocaine) is not fully established for this patient at this juncture.