

Case Number:	CM15-0045967		
Date Assigned:	03/18/2015	Date of Injury:	11/06/2008
Decision Date:	04/20/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/11/2015

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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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(n) 55 year old female, who sustained an industrial injury on 11/6/08. She reported pain in the neck and back. The injured worker was diagnosed as having cervical spondylosis, lumbalgia and disorders of the sacrum. Treatment to date has included lumbar MRI, oral and topical pain medications. As of the PR2 dated 1/28/15, the injured worker reports 10/10 pain without medication and 5-6/10 pain with medications. She is requesting injections for pain control. The treatment plan is to schedule a cervical MRI and request authorization for epidural injections. The treating physician requested to continue Relyyks patch (menthol/lidocaine), 3 patches per day, 30 day supply #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relyyks patch (menthol/lidocaine): 3 patches per day: 30 day supply #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The patient is a 55 year old female with an injury on 11/06/2008. She has neck and back pain. MTUS, Chronic Pain guidelines note that if a compound topical analgesic contains an active ingredient that is not recommended then the entire compound is not recommended. Menthol is not recommended. The requested compound topical analgesic is also not recommended.