

Case Number:	CM15-0057491		
Date Assigned:	04/02/2015	Date of Injury:	04/11/2014
Decision Date:	05/07/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/26/2015

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 42-year-old male patient who sustained an industrial injury on April 11, 2014. He sustained the injury after an altercation with an inmate. The diagnoses include intervertebral disc disorder, lumbar radiculopathy and knee tendinitis/bursitis. Per the doctor's note dated 12/1/2014, he had complaints of lower back pain and knee pain. The physical examination revealed antalgic gait, lumbar spine; tenderness, spasm, pain with range of motion, positive straight leg raising on the left; tenderness on left greater trochanter; left knee; tenderness, crepitus and positive Mc Murray sign. According to the primary treating physician's progress report on January 27, 2015, he continues to experience pain in the lumbar spine associated with numbness and tingling and weakness of the bilateral lower extremities (left greater than right side). The current medications list includes Xanax, Flexeril, Tramadol, Motrin and Effexor. He has had lumbar spine and left knee magnetic resonance imaging (MRI). He has had lumbar epidural steroid injection (ESI) for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Mentherm gel (date of service: 12/01/14): Upheld

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

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

Decision rationale: Menthoderm contains methyl salicylate/menthol. 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." Response to anti-depressant and anti convulsant was not specified in the records provided. Any intolerance or lack of response to oral medications was 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 retro: Menthoderm gel (date of service: 12/01/14) was not fully established for this patient. Therefore, this request is not medically necessary.

Retro: LidAll patch (date of service: 12/01/14): 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 analgesics, page 111-113Lidoderm (lidocaine patch) page 56-57.

Decision rationale: Request: Retro: LidAll patch (date of service: 12/01/14) Lidall patch contains 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." According to the MTUS Chronic Pain Guidelines "Topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants is not specified in the records provided. Intolerance to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of Retro: LidAll patch (date of service: 12/01/14) was not fully established for this patient. Therefore, this request is not medically necessary.