

Case Number:	CM15-0236244		
Date Assigned:	12/11/2015	Date of Injury:	12/30/2013
Decision Date:	01/14/2016	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	12/03/2015

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: North Carolina
 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:

The injured worker is a 40 year old male, who sustained an industrial injury on 12-30-13. Medical records indicate that the injured worker is undergoing treatment for displacement of lumbar intervertebral disc without myelopathy, low back pain and left hip pain. The injured workers current work status was not identified. On (10-15-15 and 7-23-15) the injured worker complained of constant low back pain which increases with walking and left anterior hip pain radiating to the left calf with walking. The low back pain was rated 7 out of 10 on the visual analog scale. Examination of the lumbar spine revealed tenderness to palpation over the left lumbar paraspinal muscles consistent with spasms. Range of motion was decreased. A seated and supine straight leg raise was positive on the left. Sensation was diminished in the left lumbar five and sacral dermatomes of the lower extremities. Treatment and evaluation to date has included medications, urine drug screen, MRI of the lumbar spine, back brace, physical therapy and a home exercise program. Current medications include Menthoderm cream (since at least April of 2015), Gabapentin and Naproxen. The Request for Authorization dated 10-27-15 included a request for Menthoderm cream 15% 120 ml 2-3 times daily as needed. The Utilization Review documentation dated 11-4-15 non-certified the request for Menthoderm cream 15% 120 ml 2-3 times daily as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm cream 15% 120 ml 2-3 times daily as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenicamines, and nerve growth factor). (Argoff, 2006) 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. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use for back pain. Therefore, the request is not medically necessary.