

Case Number:	CM14-0146007		
Date Assigned:	09/12/2014	Date of Injury:	05/10/2012
Decision Date:	10/14/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56-year-old male with a 5/10/12 date of injury. The mechanism of injury occurred when he the hood of a car was coming down on him. He jumped out of the way, struck his left knee on a floor jack and caught himself with his right arm before falling to the ground. According to a progress report dated 6/6/14, the patient complained of bilateral shoulder pain, 8/10; constant bilateral wrist pain with numbness and tingling, 8/10; constant left knee pain, 9/10; and anxiety. His topical creams increase sleep, decrease pain, and increase chores. Objective findings: limited bilateral shoulder ROM, tender trapezius and parascapular muscles with spasms, limited left knee ROM, antalgic gait, left upper extremity sensation decreased at C6-8. Diagnostic impression: bilateral shoulder sprain/strain, bilateral carpal tunnel syndrome, left knee medial meniscus tear, left knee ACL tear, left knee internal derangement, and anxiety. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 8/19/14 denied the requests for Menthoderm gel, Xolido cream, and TENS Unit with supplies. Regarding Menthoderm and Xolido, there is no supporting evidence of objective functional improvement to support continued medication use. There is no evidence that oral pain medications are insufficient to alleviate pain symptoms. Regarding TENS unit with supplies rental, it is unknown if the claimant has received a trial of TENS use with physical therapy services with objective and functional benefit noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Gel 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113.

Decision rationale: CA MTUS states that topical salicylates are significantly better than placebo in chronic pain. However, while the guidelines referenced support the topical use of methyl salicylates, the requested Methoderm has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. A specific rationale regarding why this patient requires this specific brand name medication as opposed to an over-the-counter equivalent product was not provided. Therefore, the request for Methoderm Gel 120gm was not medically necessary.

Xolindo 2% cream 118ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Xolindo)

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the FDA, Xolindo is an over-the-counter cream containing lidocaine used to treat itching and pain from certain skin conditions. Guidelines do not support the use of lidocaine in a topical cream or lotion formulation. A specific rationale identifying why this medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Xolindo 2% cream 118ml was not medically necessary.

TENS Unit with supplies rental 30 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit

include Chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. There was no documentation in the reports reviewed addressing any failure of conservative therapy, such as medications. There was no documentation of the specific short- and long-term goals with the use of the TENS unit. Therefore, the request for TENS unit with supplies rental 30 days was not medically necessary.