

Case Number:	CM14-0094211		
Date Assigned:	07/25/2014	Date of Injury:	03/11/2012
Decision Date:	09/22/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/20/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

The patient is a 52-year-old male who has submitted a claim for L5-S1 degenerative disc disease, foraminal stenosis, lumbar facet syndrome, left shoulder injury, and non-occupational sleep apnea and gout, status post L4-L5 fusion; associated with an industrial injury date of 03/11/2012. Medical records from 2014 were reviewed and showed that patient complained of low back pain, graded 6/10. Physical examination showed that the patient was alert, oriented x3 and in no apparent distress. Muscle strength was 5/5 in the bilateral iliopsoas, quadriceps, tibialis anterior and toe flexors. Sensation was intact in the lower extremities. Straight leg raise test was negative bilaterally. PHQ-9 score was 12/30 indicating mild depression. Treatment to date has included medications, home exercise program, H-wave, and surgery as stated above. A utilization review dated 06/05/2014 denied the requests for Menthoderm, Medrox patch and Terocin patch because the records provided no data regarding the use of these topical analgesics, there was no serial documentation reporting VAS scores or the claimant's functional response to the use of these topical analgesics, and guidelines state that topical analgesics are largely experimental as there are few randomized control trials establishing its efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm (generic drug), 240 units: 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(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical salicylates.

Decision rationale: Mentherm contains menthol and methyl salicylate. As stated on page 111 of the MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Regarding the menthol component, the ODG states that the FDA issued an alert indicating that topical OTC pain relievers that contain menthol and/or methyl salicylate, may in rare instances cause serious burns. In this case, the patient has been prescribed Mentherm since at least January 2014. However, there were no documented failed trials with first-line antidepressants or anticonvulsants. Furthermore, the rationale of the request was not included in the medical records submitted. Therefore, the request is not medically necessary.

Teracin patches (generic drug), 30 units: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical salicylates.

Decision rationale: Terocin patch contains lidocaine and menthol. As stated on pages 56 to 57 of the MTUS Chronic Pain Guidelines, topical lidocaine is recommended for neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or AEDs such as Gabapentin or Lyrica). Regarding the menthol component, the ODG Pain Chapter states that the FDA issued a safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where menthol, methyl salicylate, or capsaicin were applied. In this case, the patient has been prescribed Terocin patch since at least January 2014. Patient complained of low back pain despite medications and surgery. However, the medical records submitted did not show evidence of failure of or intolerance to first-line anti-depressants or anti-epileptics drugs. Therefore, the request is not medically necessary and appropriate.

Medrox patches (generic drug), 30 units: 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(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical salicylates.

Decision rationale: As stated on pages 111 to 113 of the MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medrox is a compounded medication that includes 5% methyl salicylate, 20% menthol, and 0.0375% capsaicin. Regarding the capsaicin component, guidelines state that there is no current indication that an increase over a 0.025% formulation would provide any further efficacy. Regarding the methyl salicylate and menthol component, the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, the patient complains of low back pain despite medications and previous surgery. However, guidelines do not support the use of Medrox because its component, i.e., capsaicin 0.0375% is not recommended. Furthermore, the rationale for prescribing Medrox patches was not provided in the medical records submitted for review. Therefore, the request is not medically necessary and appropriate.