

Case Number:	CM14-0210174		
Date Assigned:	12/23/2014	Date of Injury:	04/29/2009
Decision Date:	02/19/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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 53 year old male patient who sustained a work related injury on 4/29/2009 Patient sustained the injury due to cumulative trauma. The current diagnoses include headache, brachial neuritis or radiculitis, cervical disc protrusion with myelopathy, lumbar disc protrusion, lumbar radiculopathy, bilateral elbow medial epicondylitis, left elbow lateral epicondylitis, right chondromalacia patella, left patella tendinitis, and depression. Per the doctor's note dated 8/14/14, patient has complaints of constant headaches, 5/10; constant neck pain radiating to the upper extremities with numbness and tingling, 7/10; constant low back pain radiating to the lower extremities with numbness and tingling, 8/10; frequent bilateral elbow pain, 6/10; constant bilateral knee pain, 7/10; and depression Physical examination revealed cervical range of motion: flexion 45 degree; extension 45 degree; right rotation 65 degree; left rotation 85 degree; right lateral flexion 30 degree; left lateral flexion 30 degree, tenderness of the trapezius muscles with spasms, tenderness and of the cervical spine, bilateral elbow range of motion flexion 120 degree; extension 0 degree; supination 70 degree; pronation 10 degree, Lumbar range of motion: flexion 30 degree; extension 10 degree; right lateral flexion 10 degree; left lateral flexion 10 degree, SLR and Femoral Stretch positive bilaterally, tenderness of the lumbar spine, antalgic gait. The current medication lists include Omeprazole, Alprazolam, Terocin Pain Patch, Menthoderm Gel and Tramadol 100mg. The patient has had MRI OF THE LUMBAR SPINE on 9/08/2012 that revealed disc protrusion and foraminal narrowing and X-rays of the lumbar spine that revealed dynamic instability at L4-L5, slipping about 6- to 7-mm with flexion and reducing with extension. The patient's surgical history include right knee arthroscopy in 2013. The patient has

received an unspecified number of PT visits for this injury. The patient has been undergoing UDS screening on each follow-up visit. He has had a urine drug toxicology report on 10/09/14 that revealed omeprazole, tramadol, and Xanax, with non-detection of benzodiazepines which is not consistent with prescribed medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Calypxo Cream (Menthyl Salicylate): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105.

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

Decision rationale: Calypxo Cream (Menthyl Salicylate) analgesic gel contains methyl salicylate and menthol. 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... Lidocaine Indication: Neuropathic pain 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). Non-neuropathic pain: Not recommended....." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. There is no evidence in the records provided that the pain is neuropathic in nature. The records provided do not specify that trials of antidepressants and anticonvulsants have failed. Any intolerance or lack of response of oral medications is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is also no evidence that menthol is recommended by the CA, MTUS, Chronic pain treatment guidelines. Topical menthol is not recommended in this patient for this diagnosis. The medical necessity of the request for Calypxo Cream (Menthyl Salicylate) is not fully established in this patient.