

Case Number:	CM14-0089930		
Date Assigned:	07/23/2014	Date of Injury:	11/29/2010
Decision Date:	06/09/2015	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/13/2014

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 34 year old male with an industrial injury dated 11/29/2010 resulting in low back and leg pain. His diagnoses include lumbar degenerative disc disease, lumbar spinal stenosis, lumbosacral or thoracic neuritis and myofascial pain. Prior treatments included TENS unit, anti-inflammatory medications, pain creams, chiropractic treatment, physical therapy and paraffin bath kit. He presented on 05/17/2014 with complaints of pain in low back with radiation to both legs, right greater than left. Physical exam of the lumbar area revealed tenderness and spasm. The progress note dated 03/08/2014 notes the injured worker reports naproxen and Lidopro ointment are helpful for managing his pain 30-40%. He also reports his stomach is much better with Omeprazole. Treatment plan included refill of medications (Naprosyn and Omeprazole), Paraffin wax for home use, continue TENS unit and topical analgesic (Lidopro ointment).

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Paraffin Wax Boxes With 3 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 44, 48-9, 300, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-9.

Decision rationale: Paraffin wax is a way in which moist heat is delivered to a specific body part. It is used as a passive therapy for warming of parts of the body in order to manage pain. Localized application of heat causes the blood vessels in that area to dilate, enhancing perfusion to the targeted tissue. It is thought that this increased blood flow enhances tissue healing. In general, physical methods for treating injuries can be active or passive. Passive therapies may be effective in the first few weeks after an injury but have not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, such as physical therapy done at a physical therapy clinic or in the home is more likely to result in a return to functional activities. This patient is well past his initial injury and has not had recent surgery. Addition of moist heat to his therapy has no evidence-based support for its use. The request is not medically necessary.

Menthoderm with Lidocaine, Capsaicin 0.035%, Lidocaine 0.5%, Menthol 5%, Methyl Salicylate 20%, qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical; Lidocaine; Salicylate topicals; Topical Analgesics Page(s): 28-9, 56, 105, 111-13.

Decision rationale: Capsaicin, lidocaine, menthol and methyl salicylate (Lidopro) cream is a combination product formulated for use as a topical analgesic. Capsaicin is a capsaicinoid compound with analgesic properties. It is used medically in the form of a topical ointment, spray or patch and is indicated for the temporary relief of minor aches and pains of muscles and joints and to reduce the symptoms of a peripheral neuropathy. It has also been used to treat the itching and inflammation caused by psoriasis. When compared to a placebo, its use has been superior in relieving chronic neuropathic pain and musculoskeletal pain. Lidocaine is an anesthetic recommended in the MTUS only for treatment of neuropathic pain and only in the formulation Lidoderm. Other topical forms of this medication are not recommended and use of this medication for non-neuropathic pain is also not recommended. Menthol is a topical analgesic medication with local anesthetic and counter-irritant qualities. Methyl salicylate is a non-steroidal anti-inflammatory medication (NSAID) and studies have shown NSAIDs have been effective when given topically in short-term use trails for chronic musculoskeletal pain. However, long-term use of topical NSAIDs has not been adequately studied. It is important to note the MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Since lidocaine in combination with any other

product is not recommended for topical use, this product is not recommended. The request is not medically necessary.

Lenza Patch with Lidocaine 4%, Menthol 1%, qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine; Topical Analgesics Page(s): 56, 111-13.

Decision rationale: Lidocaine and menthol cream (Lenza Patch) is a combination product formulated for use as a topical analgesic. Lidocaine is an anesthetic. When used topically it is recommended in the MTUS only for treatment of neuropathic pain and only in the formulation Lidoderm. Other topical forms of this medication are not recommended and use of this medication for non-neuropathic pain is also not recommended. Menthol is a topical analgesic medication with local anesthetic and counter-irritant qualities. The MTUS does not comment on its use. It is important to note the MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Since lidocaine in combination with any other product is not recommended for topical use, this product is not recommended. The request is not medically necessary.