

Case Number:	CM15-0002317		
Date Assigned:	01/13/2015	Date of Injury:	06/27/2013
Decision Date:	03/25/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/06/2015

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: 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 37 year old male patient, who sustained an industrial injury on 6/27/2013. He sustained the injury due to fell on ground and hit his head. The diagnoses include post-concussion syndrome and posttraumatic stress disorder. Per the doctor's note dated 12/19/2014, he had complains of right shoulder pain, bilateral leg pain, bilateral knee pain and right foot numbness with associated depression and anxiety. The physical examination revealed anxiety and impaired remote and recent memory. The current medications list includes voltaren topical gel and icy hot topical cream. He has had acupuncture visits and TENS for this injury. He has also had psychological evaluation and psychotherapy for this injury. On December 31, 2014, Utilization Review non-certified a request for icy hot 30/10 percent topical cream 185gm with no refills, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 5, 2015, the injured worker submitted an application for IMR for review of requested for icy hot 30/10 percent topical cream 185gm with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Icy Hot 30/10 percent Topical Cream 185 gm: Upheld

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

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

Decision rationale: Request: Icy Hot 30/10 percent Topical Cream 185 gm. Icy Hot topical cream contains menthol and methyl salicylate. The cited Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants). (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." "Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication 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 no high grade clinical evidence to support the effectiveness of topical menthol in lotion form. The medical necessity of Icy Hot 30/10 percent Topical Cream 185 gm is not fully established for this patient.