

Case Number:	CM15-0100058		
Date Assigned:	06/02/2015	Date of Injury:	11/17/2014
Decision Date:	07/08/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/26/2015

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: North Carolina

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:

The injured worker (IW) is a 34-year-old male who sustained an industrial injury on 11/17/2014. Diagnoses include displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included medications and activity modification. X-rays of the lumbar spine on 11/19/14 showed degenerative disc disease and osteophytosis at L5-S1. An MRI of the lumbar spine on 12/31/14 showed large broad disc extrusion at L4-L5 with mild central canal narrowing. According to the PR2 dated 4/6/15, the IW reported more pain in the mid and lower back and both legs with radiation into both arms. He also reported associated tingling in both feet and numbness in both legs as well as weakness in both arms, both hands, both legs and both feet. His pain was rated 9/10 at the time of exam, 7/10 at its best and 10/10 at its worst. He stated his average pain for the previous seven days was 10/10. On examination, lumbar spine range of motion was reduced. There was tenderness to palpation over the right lumbar paraspinal muscles with spasms. Right straight leg raise was positive in the seated position to 45 degrees. There was diminished sensation over the L5 and S1 dermatomes of the bilateral lower extremities. A request was made for methyl salicylate cream 15% for treatment of pain and improvement of function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methyl salicylate cream 15%: 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 rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (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. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.