

Case Number:	CM15-0066452		
Date Assigned:	04/14/2015	Date of Injury:	10/18/2001
Decision Date:	05/14/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/07/2015

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, Illinois
 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 54 year old male, who sustained an industrial injury on 10/18/2001. The current diagnoses are right-sided cervical dystonia, myofascial pain, and trigger points, history of occipital neuralgia, and status post C4 through C7 fusion with right-sided facet syndrome. According to the progress report dated 3/19/2015, the injured worker complains of right-sided cervical pain. The pain is rated 5/10 on a subjective pain scale. The current medications are Norco, Ibuprofen, and Ambien as needed. Treatment to date has included medication management, ice, heat, TENS unit, trigger point injections, and surgical intervention. The plan of care includes Menthoderm and Terocin patches, decrease Norco to half, and wean off, and follow-up in three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm #2 bottles: 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): 111-113.

Decision rationale: The injured worker sustained a work related injury on 10/18/2001. The medical records provided indicate the diagnosis of right-sided cervical dystonia, myofascial pain, and trigger points, history of occipital neuralgia, and status post C4 through C7 fusion with right-sided facet syndrome. Treatments have included medication management, ice, heat, TENS unit, trigger point injections, and surgical intervention. The medical records provided for review do not indicate a medical necessity for Mentoderm #2 bottles. Mentoderm is a topical analgesic containing methyl salicylate and menthol. The topical analgesics are largely drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. Menthol is not a recommended topical analgesic. Therefore, the requested treatment is not medically necessary.

Retrospective request for Terocin patches (DOS: 3/19/15): 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 injured worker sustained a work related injury on 10/18/2001. The medical records provided indicate the diagnosis of right-sided cervical dystonia, myofascial pain, and trigger points, history of occipital neuralgia, and status post C4 through C7 fusion with right-sided facet syndrome. Treatments have included medication management, ice, heat, TENS unit, trigger point injections, and surgical intervention. The medical records provided for review do not indicate a medical necessity for Retrospective request for Terocin patches (DOS: 3/19/15). Terocin is a topical analgesic containing Methyl Salicylate 25%; Capsaicin 0.025%; menthol 10%; and Lidocaine 2.50%. The topical analgesics are largely drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. Menthol is not recommended, neither does the MTUS recommend any other formulation of Lidocaine besides Lidoderm patch. Therefore, the requested treatment is not medically necessary.