

Case Number:	CM15-0079837		
Date Assigned:	04/30/2015	Date of Injury:	02/28/1985
Decision Date:	06/02/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/27/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old male with an industrial injury dated 02/28/1985. His diagnoses included limb length discrepancy, mal-united ankle fusion, right heel fat pad atrophy, exostosis right calcaneus and chronic ankle pain. Prior treatments included right ankle surgeries, specialty shoes and medications. He presents on 03/19/2015 with complaints of right foot and ankle pain with difficulty with prolonged walking and weight bearing. Physical exam revealed a 4 centimeter inch limb length discrepancy with right shorter than left. Right heel had no fat pad. Skin was atrophic with lack of skin integrity. There was pain on palpation to boney prominences directly under the skin. Treatment plan included a new pair of custom molded orthosis soft interface heel lift and valgus correction shoes, surgical osteoplasty to properly realign the ankle fusion, revision of the skin graft on the plantar heel and pain patches including Methoderm gel and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm gel (Camphor 30%, Menthol 2/5%) Qty 2 bottles - 240ml for 1 month supply, Refils: 2: Upheld

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

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

Decision rationale: Mentherm is a topical formulation of methyl salicylate and menthol. The Chronic Pain Medical Treatment Guidelines on page 111 states "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Thus, each active ingredient should be analyzed in making a determination of medical necessity. The Chronic Pain Medical Treatment Guidelines on page 112 state the following: "Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. (Biswal, 2006) These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). 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." With regard to the menthol component, there are no provisions for topical menthol in the California Medical Treatment Utilization Schedule. Therefore the Official Disability Guidelines are referenced, which support the use of menthol only in the context of acute low back pain as an alternative to ice packs. Given that this worker does not have documentation of acute low back pain (but rather has long standing pain), the topical menthol is not medically necessary. The entire formulation therefore is not medically necessary.

Terocin patches (Menthol 4/00% / Lidocaine 4%) Qty 3 boxes - 30 patches, Refills: 2; for the management of chronic ankle injury: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105 and 112.

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

Decision rationale: Terocin Patch is a topical formulation consisting of Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. The Chronic Pain Medical Treatment Guidelines, on pages 111-113, specify that, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this

treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, guidelines the state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Guidelines further stipulate that no preparation of topical lidocaine except as Lidoderm patch is approved. Therefore, since this component is not recommended, the entire Terocin formulation is not recommended. The request is not medically necessary.