

Case Number:	CM13-0049416		
Date Assigned:	12/27/2013	Date of Injury:	11/01/2010
Decision Date:	05/22/2014	UR Denial Date:	10/27/2013
Priority:	Standard	Application Received:	11/07/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47 year-old female who was injured on 11/1/2010. She has been diagnosed with status post right lateral epicondylar repair with persistent lateral epicondylitis; cervical arthrosis with radiculopathy and tension headaches; trapezial and paracervical strain; mild right cubital tunnel syndrome. According to the 10/22/13 progress report from [REDACTED], the patient presents with neck and upper extremity symptoms. He is attempting to get authorization for a series-of-three cervical epidural injections approved, and prescribes Voltaren, Prilosec and Menthoderm gel. On 10/27/13 UR recommended against Menthoderm gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

MONTHODERM GEL #120GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTIONS ON SALICYLATE TOPICALS, AND TOPICAL ANALGESICS Page(s): 105, 111-113.

Decision rationale: The patient presents with chronic neck and upper extremity pain. I have been asked to review for Menthoder gel. Menthoder gel contains Methyl salicylate 15.00% and Menthol 10.00%. On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS has support for methyl salicylate under the Topical Salicylate section, but does not specifically discuss menthol. ODG guidelines were consulted. ODG guidelines state the active ingredient in Biofreeze is menthol, and that it is recommended for acute pain and takes the place of an ice pack for cryotherapy. In this case, the patient is not in the acute phase, and the use of menthol for a chronic condition is not in accordance with the ODG recommendations. Menthol would not be recommended for a chronic condition, so the whole compounded product that contains Menthol, is not recommended.