

Case Number:	CM13-0051837		
Date Assigned:	12/27/2013	Date of Injury:	10/13/2006
Decision Date:	04/29/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/14/2013

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 Occupational Medicine, 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:

According to the records made available for review, this is a 45-year-old male with a 10/13/06 date of injury. At the time (10/30/13) of request for authorization for Menthoderm 120gm #1 bottle, there is documentation of subjective (low back pain, shoulder pain, and arm pain) and objective (reduced bilateral shoulder range of motion, reduced lumbar range of motion, diffuse tenderness to palpation of the lumbar paraspinals, bilateral trapezius and left parascapular region, and decreased sensation in the left lower extremity with atrophy) findings, current diagnoses (thoracic sprain/strain, lumbar degenerative disc disease, lumbosacral or thoracic neuritis, and chronic pain due to trauma), and treatment to date (Menthoderm since at least 9/30/13 with 50% pain relief and functional improvement in activities of daily living). There is no documentation of neuropathic pain after a trial of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MENTHODERM 120GM #1 BOTTLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Medical Treatment Guideline identifies Menthoderam cream as a topical analgesic containing Methyl Salicylate and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after a trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of thoracic sprain/strain, lumbar degenerative disc disease, lumbosacral or thoracic neuritis, and chronic pain due to trauma. In addition, given documentation of ongoing treatment with Menthoderam since at least 9/30/13 with 50% pain relief and functional improvement in activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Menthoderam. However, despite documentation of subjective (low back pain, shoulder pain, and arm pain) and objective (reduced bilateral shoulder range of motion, reduced lumbar range of motion, diffuse tenderness to palpation of the lumbar paraspinals, bilateral trapezius and left parascapular region, and decreased sensation in the left lower extremity with atrophy), there is no (clear) documentation of neuropathic pain. In addition, there is no documentation that a trial of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Menthoderam 120gm #1 bottle is not medically necessary.