

Case Number:	CM14-0010553		
Date Assigned:	02/21/2014	Date of Injury:	02/26/2007
Decision Date:	09/24/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/27/2014

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:

The patient is a 52-year-old male who has submitted a claim for lumbar degenerative disc disease, lumbosacral or thoracic neuritis or radiculitis, spinal stenosis/lumbar region, lumbar facet syndrome, lumbar radiculopathy, diabetes mellitus type II, and hypertension associated with an industrial injury date of 02/26/2007. Medical records from 06/17/2009 to 03/22/2014 were reviewed and showed that patient complained of low back pain graded 6/10 with occasional radiation down lower extremities (left greater than right). Of note, there were no complaints of intolerance to oral pain medications which provided 40-50% pain relief. A physical examination revealed diffuse tenderness to palpation over lumbar region and decreased lumbar range of motion. Magnetic resonance imaging of the lumbar spine dated 03/12/2007 revealed multi-level degenerative disc disease and osteophyte degenerative changes with moderate to marked central canal and foraminal stenosis. Electromyography (EMG) / nerve conduction velocity (NCV) study of lower extremities dated 04/16/2007 revealed left L2, L3, L4, and L5 radiculopathy. The treatment to date has included physical therapy, home exercise program, transcutaneous electrical nerve stimulation, Menthoderm 120ml (prescribed since 01/04/2014), and oral pain medications. A utilization review dated 01/22/2014 denied the request for Menthoderm 120ml because the clinical findings do not support the use of the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

MENTHODERM 120ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals; Topical Analgesics Page(s): 105; 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Capsaicin, topical.

Decision rationale: Mentherm gel contains methyl salicylate and menthol. According to page 111 of California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (drug class) that is not recommended is not recommended. The guidelines state that while the guidelines referenced support the topical use of methyl salicylates, the requested Mentherm has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. Regarding the Menthol component, California MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical over the counter pain relievers that contain menthol, or methyl salicylate, may in rare instances cause serious burns. In this case, the patient was prescribed Mentherm 120ml since 01/04/2014. There was no documentation of intolerance to oral pain medications, which provided 40-50% pain relief. It is unclear as to why oral pain medications will not suffice. Furthermore, the guidelines state that there is lack of published evidence proving that Mentherm is superior compared with over-the-counter methyl salicylate and menthol products. There is no discussion as to why the specific brand is needed. Moreover, the request failed to indicate the quantity of Mentherm to be dispensed. Therefore, the request for Mentherm 120 ml is not medically necessary.