

Case Number:	CM14-0012919		
Date Assigned:	02/24/2014	Date of Injury:	08/31/2013
Decision Date:	07/25/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/31/2014

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:

This is a 44-year-old female patient with an 8/31/13 date of injury. The mechanism of injury was not described. A 12/5/13 progress report was partially illegible, and indicated that the patient complained of lower back pain rated at 6/10 that was not radiating. There was slight numbness and tingling. Objective findings demonstrated decreased range of motion. The 1/9/14 and 2/13/14 progress reports indicated that the patient continued to have pain in the lower back rated at 6/10 with decreased range of motion. She was diagnosed with dorsal lumbosacral sprain. Treatment to date has included medication management and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm ointment (Date of service: 12/5/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121-122.

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

Decision rationale: The California MTUS states that topical salicylates are significantly better than placebo in chronic pain. However, while the guidelines referenced support the topical use of mental salicylates, the requested Menthoderm 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. It was recommended that the Mentherm topical be modified to allow for an over-the-counter formulation. However, there was no documentation to support functional gains or pain relief on Mentherm. In addition, guideline stated that there was no necessity of brand name product over a generic, over-the-counter formulation. Therefore, the request is not medically necessary.