

Case Number:	CM14-0013122		
Date Assigned:	02/24/2014	Date of Injury:	02/23/2005
Decision Date:	06/26/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/03/2014

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 applicant has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 23, 2006. Thus far, the applicant has been treated with the following: Analgesic medications, topical compounds; and transfer of care to and from various providers in various specialties. The applicant apparently underwent corticosteroid injection for plantar fasciitis on February 22, 2013. In a progress note dated January 16, 2014, the applicant was given prescriptions for Vicodin, Neurontin, Desyrel, and LidoPro. The applicant did have comorbid issues with cardiomyopathy. The applicant was not working, it was stated. The applicant's pain levels were scored at 8/10 medications and 9/10 without medications. The applicant was using Vicodin, Neurontin, Desyrel, and LidoPro on December 19, 2013. The applicant stated that his sleep was improved with medication usage. It appears that Mentherm was endorsed through an earlier note dated November 21, 2013. Prescription for Mentherm was apparently stamped. No rationale for selection of the same was provided. The applicant was, however, apparently receiving Mentherm as early as September 24, 2013, at which point Mentherm was seemingly introduced.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO TOPICAL ANALGESIC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including trazodone, Vicodin, Neurontin, etc. effectively obviates the need for topical analgesics such as LidoPro which are deemed, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the request was not medically necessary.

RETRO; MENTHODERM 120GM; 12/19/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 9792.20f. 2. MTUS Chronic Pain Medical Treatment Guidelines, Salicylate Topicals topic. .

Decision rationale: While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend usage of salicylate topicals such as Mentherm in the treatment of chronic pain, as is present here, in this case, however, the applicant had been using Mentherm as early as September 2013. There was, however, no demonstration of functional improvement despite ongoing usage of the same. The applicant remained off of work. The applicant remained highly reliant and highly dependent on various opioid agents, including Vicodin. Continued usage of Mentherm in the face of the applicant's failure to demonstrate functional improvement as defined in MTUS 9792.20f was not indicated. Therefore, the request was not medically necessary.