

Case Number:	CM14-0014839		
Date Assigned:	02/28/2014	Date of Injury:	07/26/2004
Decision Date:	07/24/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/05/2014

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 Anesthesiology, has a subspecialty in Pain 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 female with a 7/26/04 date of injury. Current medications include ibuprofen and Protonix. The patient also utilizes a TENS unit. 8/28/13 progress note documented that Medrox was dispensed. 11/25/13 progress note documented the use of Medrox patches, Motrin, and Voltaren gel. 12/12/13 progress note documented continuous lower back and left lower extremity pain. The patient utilizes ibuprofen, Protonix, and topical medications. Treatment plan discussed physical therapy, menthol cream, and purchase of a Thera Cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

MENTHOL CREAM: Upheld

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

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

Decision rationale: Medical necessity for the requested menthol cream is not established. The patient utilizes ibuprofen, Protonix, and several topical agents (including Voltaren and Medrox). While CA MTUS states that topical salicylates are significantly better than placebo in chronic pain, the patient has been utilizing topical agents and PO medications for some time. There is no

clear description of failure to respond to PO medications, reduction of PO medications attributed to topical medication use, and/or functional improvement from the utilized topical agent.
Recommend not medically necessary.