

Case Number:	CM14-0110212		
Date Assigned:	09/16/2014	Date of Injury:	10/20/2000
Decision Date:	10/15/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/15/2014

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 42-year-old male with a 10/20/00 date of injury. A specific mechanism of injury was not described. According to a progress report dated 8/22/14, the patient stated that he did not want to aggravate his stomach upset by taking oral medications. He complained of mid back pain, neck pain, low back pain, left shoulder pain, headaches, and dyspepsia because of pain medications. Objective findings: sensation decreased in both hands to light touch, palpation of paracervical and paralumbar muscles showed slight muscle spasm or tightness, tenderness of the AC region of shoulder and upper deltoid region, limited range of motion of cervical/lumbar/thoracic spine. Diagnostic impression: thoracic strain, lumbar radiculopathy, cervical strain, cervicogenic headaches, status post left shoulder surgery on 5/2/13, secondary depression and insomnia, GERD. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 7/7/14 denied the request for Methoderm cream. Guidelines state that there is minimal evidence supporting the use of topical NSAIDs like methyl salicylate for the spine, hip, or shoulder regions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of menthoderm cream (methyl salicylate 15%, menthol 10%) 120 gm between 06/25/2014 and 08/31/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113.

Decision rationale: CA 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 Menthoderms 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 is recommended that the Menthoderms topical be modified to allow for an over-the-counter formulation. A specific rationale identifying why this patient requires this specific brand name formulation instead of an over-the-counter equivalent was not provided. Therefore, the request for 1 prescription of menthoderms cream (methyl salicylate 15%, menthol 10%) 120 gm between 06/25/2014 and 08/31/2014 is not medically necessary.