

Case Number:	CM14-0123330		
Date Assigned:	08/06/2014	Date of Injury:	05/03/2011
Decision Date:	09/11/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/01/2014

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:

According to the records made available for review, this is a 22-year-old male with a 5/3/11 date of injury. At the time (8/1/14) of request for authorization for Menthoderm cream 120 ml, there is documentation of subjective (neck pain, low back pain, and depression) and objective (decreased lumbar spine range of motion) findings, current diagnoses (cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, and cervical radiculitis), and treatment to date (cognitive behavioral therapy, TENS, home exercise program, activity modification, and medications (including naproxen, cyclobenzaprine, omeprazole, and fluoxetine)). There is no documentation that a trial of antidepressants and anticonvulsants has failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Cream 120 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/cdi/menthoderm-cream.html>.

Decision rationale: Medical Treatment Guideline identifies Methoderm cream as a topical analgesic containing Methyl Salicylate and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identify documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, and cervical radiculitis. However, there is no documentation that a trial of antidepressants and anticonvulsants has failed. Therefore, based on guidelines and a review of the evidence, the request for Methoderm cream 120 ml is not medically necessary.