

Case Number:	CM14-0123729		
Date Assigned:	08/08/2014	Date of Injury:	07/20/2001
Decision Date:	09/15/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/05/2014

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 Texas. 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 injured worker is a 67 year old female who had a work related injury on 07/20/01. Mechanism of injury is undisclosed. She is being treated for a lumbar degenerative disc disease and radiculopathy. Most recent documentation submitted for review is 07/01/14. She reports that she is still having back and leg problems. Physical examination reveals positive straight leg raise at 45 degrees on the left, 60 on the right, normal curvature of the back, and tenderness at L5 to S1. There is no evidence of aberrant behaviors. The injured worker appears to benefit from opioid therapy. Pain radiates down the posteriolateral aspect of the left leg. MRI has identified L4 to L5 anterolisthesis. She appears to be a good candidate for an epidural steroid injection. She also has issues with spasm across her back and is prescribed a topical gel to help her with this pain. She continues to do well with the Butrans and Tramadol. Prior utilization review was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentholatum Gel 240 mg Dispensed on 7/21/14: 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 Salicylate topicals Page(s): 105.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, Salicylate topicals are recommended in the treatment of chronic pain. This compound is known to contain menthol and methyl salicylate. Topical salicylate (e.g., BenGay, methyl salicylate) is significantly better than placebo in chronic pain. However, there is no indication in the documentation that the patient cannot utilize the readily available over the counter version of this medication without benefit. As such, the request for this medication is not medically necessary.