

Case Number:	CM14-0125971		
Date Assigned:	08/11/2014	Date of Injury:	10/01/2012
Decision Date:	09/25/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/07/2014

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 Family 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 58-year-old female who has submitted a claim for Lumbosacral neuritis NOS associated with an industrial injury date of October 1, 2012. Medical records from 2014 were reviewed, which showed that the patient complained of low back pain and weakness of the legs. Examination of the lumbar spine revealed left L2 and L3/L4 myotomal weakness at 50% of the right. There was tenderness over the L5-S1 spinous processes. Examination of the knee revealed active ROM measurements (R/L) of extension 180/183, and flexion 120/120. There was positive swelling and tenderness of the right pes anserinus bursa. An MRI of the knee dated 2/5/14 revealed patella-femoral arthrosis, popliteal cyst with no significant findings of meniscus or ligament tear. Treatment to date has included medications (gabapentin and diclofenac), H-wave, HEP, acupuncture and epidural steroid injection. Utilization review from July 30, 2014 denied the request for Menthoderm gel as needed for numbness x 2 bottles. The reason for the denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm gel as needed for numbness x 2 bottles: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals; Topical Analgesics Page(s): 105; 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Capsaicin, topical.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (drug class) that is not recommended is not recommended. The guidelines state that while the guidelines referenced support the topical use of methyl salicylates, the requested Methoderm 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. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, or methyl salicylate, may in rare instances cause serious burns. In this case, the patient was prescribed Methoderm 120ml since 01/04/2014. There was no documentation of intolerance to oral pain medications; it is unclear as to why oral pain medications will not suffice. Furthermore, the guidelines state that there is lack of published evidence proving that Methoderm is superior compared with over-the-counter methyl salicylate and menthol products. There is no discussion as to why the specific brand is needed. Therefore, the request for Methoderm gel as needed for numbness x 2 bottles is not medically necessary.