

Case Number:	CM14-0130136		
Date Assigned:	08/20/2014	Date of Injury:	03/27/2012
Decision Date:	09/24/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/14/2014

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 Physical Medicine and Rehabilitation and Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 40-year-old male who reported an injury 03/27/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 07/18/2014 indicated diagnoses of myofascial pain syndrome and lumbar spine chronic strain and right sacroiliac chronic joint pain. The clinical note is handwritten and hard to decipher. The injured worker continued to have pain in the right sacroiliac joint with no significant numbness. The injured worker reported he continued to do home exercise program and he reported no weakness. On physical examination, the injured worker had tenderness to the right sacroiliac joint with a negative straight leg raise. The provider reported he would do a right sacroiliac joint injection. The clinical note dated 05/21/2014, indicated the injured worker had increased pain in the right sacroiliac joint and low back with some numbness that radiated to the right buttock, also, pain in the right calf. The injured worker's medication included omeprazole, Flexeril, Neurontin, Mobic. The provider submitted a request for Menthoderm 2 bottles, 4 ounces. A Request for Authorization was submitted for Menthoderm 2 bottles 06/18/2014. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm 2 bottles 4 oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Topical Salicylates Page(s): 111; 105.

Decision rationale: The request for Methoderm 2 bottles 4 oz is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. They further indicate that topical salicylates are appropriate for the treatment of pain. It is not indicated if the injured worker had tried and failed antidepressants or anticonvulsants. In addition, the provider did not indicate a rationale for the request. Furthermore, the request does not indicate a frequency. Therefore, the request for Methoderm 2 bottles 4 ounces is not medically necessary.