

Case Number:	CM14-0131427		
Date Assigned:	08/20/2014	Date of Injury:	02/08/2014
Decision Date:	10/16/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/18/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 33-year-old man who sustained a work-related injury on February 8, 2014. Subsequently, he developed chronic low back, left shoulder, and left hip pain. MRI of the lumbar spine dated March 15, 2014 showed grade 1 anterolisthesis of L5-S1 with bilateral pars defect, L2-4 disc bulge without evidence of central canal stenosis or neural foraminal narrowing, L4-5 posterior annular tear within the intervertebral disc, 5 mm posterior disc bulge and mild facet joint hypertrophy resulting in moderate-to-severe bilateral neural foraminal narrowing, moderate canal stenosis, and bilateral exiting nerve root compromise. According to the progress report dated June 12, 2014, the patient complains of low back, chest, left shoulder, and left hip pain. Examination of the lumbar spine revealed a decreased and painful range of motion. There was loss of normal lumbar lordosis. Sensation was increased to light touch in the left lower extremity as compared to the right. The rest of his neurological examination was normal. Straight leg raise positive on the left. The patient was diagnosed with lumbar musculoligamentous sprain/strain, lumbar myospasm and lumbar disc herniation. Prior treatment included medications Norco, prilosec, Mentherm, and neurontin, physiotherapy, chiropractic treatment, and home exercise. The provider requested authorization for Mentherm Ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Mentherm ointment dispensed on 06/12/2014: Upheld

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

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

Decision rationale: Mentoderm contains methyl salicylate 15% and menthol 10%. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Mentoderm (menthol and methyl salicylate) contains menthol a topical analgesic that is not recommended by MTUS. Furthermore, there is no documentation of failure of first line oral medications. There is no clear rationale for using both topical and oral anti-inflammatory medications. Based on the above Mentoderm ointment is not medically necessary.