

Case Number:	CM14-0132382		
Date Assigned:	08/22/2014	Date of Injury:	04/29/2009
Decision Date:	09/22/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/19/2014

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 Practice 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 54 yr. old male who sustained a cumulative work injury from 4/29/09 - 2/1/12 involving the neck, back, elbow and knees. He was diagnosed with brachial radiculitis, neck sprain, lumbar radiculopathy and bilateral epicondylitis. A progress note on 3/28/14 indicated that he had 7/10 pain in the back and knees, as well as 6-8/10 pain in the legs and elbows. The exam findings included reduced range of motion of the cervical spine and lumbar spine. Straight leg raise testing was positive bilaterally. The treating physician provided numerous topical analgesics including Mentherm gel, Terocin cream, Flurbi(Cap) cream, and Gabacyclotram along with an injection of Toradol for pain relief. Home exercises along with the use of a transcutaneous electrical nerve stimulation (TENS) unit were also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm Gel (Menthol/Methyl Salicylate): 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): 111-112.

Decision rationale: Methoderm contains a topical non-steroidal antiinflammatory drug (NSAID). According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are 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. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder.