

<b>Case Number:</b>	CM14-0134716		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 46 year old male who reported a date of injury of 05/29/2012. The mechanism of injury was not indicated. The injured worker had diagnoses of cervical radiculopathy, neck pain and carpal tunnel syndrome. Prior treatments included physical therapy and a cervical epidural steroid injection on 06/16/2014. Surgeries included right carpal tunnel release on 03/27/2014. The injured worker had a MRI of the cervical spine on 05/21/2014. The injured worker had complaints of neck pain and stated he had 80% relief of pain in his neck from the epidural steroid injection he received on 06/16/2014 but was not satisfied with 80% relief. The clinical noted dated 06/24/2014, noted the injured worker's active range of motion in the neck showed 5 degrees of lateral flexion to the left, 30 degrees of lateral flexion to the right and pain that was elicited by motion. The injured worker's right bicep and brachioradialis reflexes were hyperactive. Medications included Naproxen, Prilosec and Menthoderm gel. The treatment plan included recommendations for the injured worker to follow up in 6 weeks. The rationale and request for authorization form were not provided within the medical records received.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 container of Menthoderm Gel 120 grams between 2/28/2014 and 2/28/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112, 105.

**Decision rationale:** The injured worker is a 46 year old male who reported a date of injury of 05/29/2012. The mechanism of injury was not indicated. The injured worker had diagnoses of cervical radiculopathy, neck pain and carpal tunnel syndrome. Prior treatments included physical therapy and a cervical epidural steroid injection on 06/16/2014. Surgeries included right carpal tunnel release on 03/27/2014. The injured worker had a MRI of the cervical spine on 05/21/2014. The injured worker had complaints of neck pain and stated he had 80% relief of pain in his neck from the epidural steroid injection he received on 06/16/2014 but was not satisfied with 80% relief. The clinical noted dated 06/24/2014, noted the injured worker's active range of motion in the neck showed 5 degrees of lateral flexion to the left, 30 degrees of lateral flexion to the right and pain that was elicited by motion. The injured worker's right bicep and brachioradialis reflexes were hyperactive. Medications included Naproxen, Prilosec and Mentherm gel. The treatment plan included recommendations for the injured worker to follow up in 6 weeks. The rationale and request for authorization form were not provided within the medical records received.