

Case Number:	CM14-0146069		
Date Assigned:	10/03/2014	Date of Injury:	03/16/2013
Decision Date:	12/24/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/09/2014

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, has a subspecialty in Preventative 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:

This is a 44 year old female claimant who sustained a work injury on March 16, 2013 involving the right shoulder, right heel, low back and abdomen. She was diagnosed with ankle sprain, right shoulder rotator cuff syndrome, right-sided hernia, right calcaneal spurs, gastritis and lumbosacral radiculitis. She had previously used topical Lidoderm gel. A progress note on July 30, 2014 indicated the claimant had 8/10 pain in the low back, right ankle and right shoulder. She had previously received a steroid injection in the right shoulder, which did not provide much relief. Exam findings were notable for tenderness to palpation in the lumbar region and impingement findings in the shoulder. The claimant was provided topical Methoderm for back pain. A request was made for the use of Methoderm again in September 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MENTHODERM 120 GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

Decision rationale: Menthoderam contains topical methyl salicylate (NSAID). According to the MTUS guidelines, 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. 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. The continuation of Menthoderam beyond 1 month exceeds the trial period recommended above. In addition, there is no documentation of failure of 1st line treatment. Therefore, the continued use of Menthoderam is not medically necessary.