MAXIMUS Federal Services

Case Number:	CM14-0150071		
Date Assigned:	09/18/2014	Date of Injury:	05/16/2014
Decision Date:	10/20/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/15/2014

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 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 injured worker is a 51-year-old male who sustained an injury on 05/16/14. On 09/03/14, he complained of low back pain radiating to right lower extremity more than left, rated at 10/10. He had continued pain in his right shoulder to right elbow. His mood is stable. Medications cause gastric irritation, constipation, and some red blood in bowel movement. Exam showed antalgic gait, reduced ROM in right shoulder and lumbar spine, and positive impingement sign in the right shoulder. MRI of the right shoulder dated 08/13/14 revealed full thickness tear of the distal supraspinatus tendon; tendinosis involving infraspinatus tendon; and subcortical cysts demonstrated greater tuberosity of the humerus adjacent to the region of expected insertion of the supraspinatus tendon. MRI of the lumbar spine dated 06/18/14 revealed mild degenerative disc disease of lower lumbar spine; at L5-SI a bulge with small central disc extrusion, which extends 2 mm dorsally, moderate left neural foraminal narrowing with contact and possible compression of the exiting L5 nerve root by bulge and facet, and mild right neural foraminal narrowing; and at L4-5 central disc extrusion, which extends 4 mm dorsally as well as mild canal narrowing and mild bilateral foraminal narrowing. Electrodiagnostic study dated 08/20/14 revealed abnormal study consistent with bilateral lumbar radiculopathy. He underwent a cardiac angioplasty seven years ago. His current medications include nabumetone and methocarbamol. Diagnoses include lumbar DDD, lumbar sprain/strain, rotator cuff syndrome, right shoulder impingement, myofascial pain, and hypertension. Lidopro topical ointment was denied on 08/07/14. There were no reports that indicated previous Menthoderm usage, benefit or complication.The request for Menthoderm 120 gm was denied on 09/04/14 in accordance with medical guidelines.

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.

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

Decision rationale: Menthoderm contains methyl salicylate and menthol. According to the CA MTUS guidelines, Topical Analgesics are recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the CA MTUS/ODG, that the only NSAID that is FDA approved for topical application is diclofenac (Voltaren 1% Gel). Clinical trial data suggest that diclofenac sodium gel (the first topical NSAID approved in the US) provides clinically meaningful analgesia in OA patients with a low incidence of systemic adverse events. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the medical necessity of the requested Menthoderm gel is not established per guidelines.