

Case Number:	CM14-0152023		
Date Assigned:	10/28/2014	Date of Injury:	10/23/2013
Decision Date:	12/05/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/17/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 36 year old male who had a work injury dated 10/23/13. The diagnoses include lumbar degenerative disc disease, lumbosacral or thoracic radiculitis unspecified; lumbar strain and sprain, lumbar radiculopathy, myofascial pain, gastritis, sleep issues, and elevated liver function test. Under consideration is a request for Menthoderm. There is a progress note dated 8/07/14 that states that the patient complained of chronic low back pain that radiated to the left leg with mild intermittent numbness. The pain was rated as a 3/10. The patient had normal mood and denied suicidal ideation. The patient was still waking during the night 2-3 days a week and was unable to return to sleep. On physical examination the lumbar spine revealed tenderness to palpation over the lumbar paraspinal. The patient had normal gait. Range of motion was decreased. The treatment plan included delay chiropractic treatment or lumbar epidural steroid injection, continue topical cream, continue home exercise program and transcutaneous electrical nerve stimulation, comprehensive metabolic panel test due to elevated liver function testing, functional capacity evaluation and qualified medical evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm 120gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals and Topical Analgesics Page(s): 105 & 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, methyl salicylate Page(s): 111-113, 105.

Decision rationale: Mentherm 120gm #1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Mentherm contains methyl salicylate and menthol. Mentherm contains methyl salicylate and menthol. The MTUS does support topical salicylate (e.g., Ben-Gay, methyl salicylate) and states that this is significantly better than placebo in chronic pain. The documentation submitted does not reveal intolerance to oral medications. The documentation does not indicate significant sustained improvement in pain levels or function despite prior use of Mentherm. The request for Mentherm Gel 120 Gram #2 is not medically necessary.