

Case Number:	CM14-0154027		
Date Assigned:	09/23/2014	Date of Injury:	08/05/2003
Decision Date:	11/25/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/22/2014

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 and is licensed to practice in Illinois. 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 66-year-old female who reported an injury on 08/05/2003. The mechanism of injury occurred when she was pushing a large computer across the floor. Diagnoses included mechanical low back pain, lumbar radiculopathy, multilevel degenerative disc disease of the lumbar spine, and multilevel herniated nucleus pulposus of the lumbar spine. Past treatments included lumbar epidural steroid injection, chiropractic therapy, and medications. Pertinent diagnostic testing was not provided. Surgical history was not provided. The clinical note dated 08/04/2014 indicated the injured worker complained of aching low back pain rated 3/10, which occasionally radiated numbness and tingling to the left lower extremity. The physical exam revealed decreased range of motion of the lumbar spine, tenderness to palpation, and negative bilateral straight leg raise. Current medications included Norflex ER 100 mg, Naproxen 550 mg, Tramadol 50 mg, Prilosec 20 mg, and LidoPro topical ointment. The treatment plan included Mentherm #1 with one refill. The rationale for the request was not provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm #1 with one refill: 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: The request for Mentherm #1 with one refill is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain. There is little to no research to support the use of many of these agents. Many agents are compounded as monotherapy or in combination for pain control, including local anesthetics. There is little to no research to support the use of the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The injured worker complained of low back pain, with occasional radiating numbness and tingling to the left lower extremity. She previously used LidoPro for pain control. The physician noted that the injured worker's current medications were adequately controlling her pain, so it is unclear why the prescription for Mentherm was added. Mentherm contains methyl salicylate and menthol, and the guidelines do not indicate any research to support the use of its components. Additionally, the request does not include the quantity, frequency, dosage, or specific location for the use of Mentherm. Therefore, the request for Mentherm #1 with one refill is not medically necessary.