

Case Number:	CM14-0156663		
Date Assigned:	09/25/2014	Date of Injury:	12/21/2012
Decision Date:	10/27/2014	UR Denial Date:	08/18/2014
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, has a subspecialty in Pain Management 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 male patient with date of injury of December 21, 2012. A utilization review determination dated August 18, 2014 recommends noncertification of Methoderm gel 4oz #1. A progress note dated July 23, 2014 identifies subjective complaints of ongoing low back pain, a pain level of up to a 8/10, inability to sleep at night due to pain and discomfort, numbness with pins and needles in his left lower back, the patient denies right low back pain, his pain is worse with extension, and he notes numbness in his left wrist at the incision site. Current medications include Norflex ER 100 mg once a day, Norco 5/325 mg twice a day, Terocin patches utilized when pain is really bad, and Docuprene once a day. Physical examination identifies limited range of motion of the lumbar spine that is worse with extension, positive facet provocation test on the left side, decreased sensation of the right L3, L5, and S1 dermatomes. The diagnoses include multilevel HNP's (herniated nucleus pulposus) of the lumbar spine with stenosis, lumbar radiculopathy, facet arthropathy of the lumbar spine, and left wrist with possible tear of the scapholunate interosseous ligament. The treatment plan recommends a request for a rhizotomy at left L4-5 and L5-S1, request for acupuncture for 2 times a week for 4 weeks, orphenadrine 100mg ER #60, hydrocodone/APAP 10/325 mg #120, ketoprofen 75mg #90, and Methoderm gel 4 oz #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm gel 4oz, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.physiciansproducts.net/joomla/index.php/topical-pain-creams/72-menthoderm>

Decision rationale: Regarding the request for Menthoderm gel 4oz, #1, this topical compound is a combination of methyl salicylate and menthol (according to the Menthoderm website). Guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of Menthoderm. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the Menthoderm is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Menthoderm gel 4oz, #1 is not medically necessary.