

Case Number:	CM14-0159254		
Date Assigned:	10/02/2014	Date of Injury:	02/06/2014
Decision Date:	11/06/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	09/29/2014

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 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 50 year old male who reported an injury on 02/06/2014. The mechanism of injury was getting hit by a car. His diagnosis was tendinitis of the wrist. The injured workers past treatments included physical therapy and medications. He has had an x-ray and a CT scan. On 05/29/2014, the injured worker complained of pain in the neck, lower back, and wrists. He stated the pain is associated with numbness and weakness in the hands and that the pain is frequent in frequency and moderate to severe in intensity. The injured worker rated his pain as a 6/10. He stated that the pain is aggravated by bending, reaching, and prolonged sitting. Upon physical examination, the cervical spine reveals range of motion is full in all planes of the cervical spine. There is tenderness to palpation over the right superior trapezius. There was full range of motion noted to bilateral wrists and elbows. Examination of the lumbar spine reveal the range of motion to forward flexion was 65 degrees, extension was 20 degrees, and side bending was 20 degrees to the right and 20 degrees to the left. There was tenderness to palpation over the bilateral lumbar paraspinal muscles and a negative leg raise test bilaterally in the seated and supine position to 50 degrees. The clinical note stated that he is taking naproxen, tramadol, and Prilosec. Request received for retrospective request for menthoderm ointment 120gms dos 05/29/2014. The rationale for treatment nor the Request for Authorization was not found in the provided documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Menthoderm ointment 120gms DOS 05/29/2014: 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 Salicylate topicals; Topical analgesics Page(s): 105;111-113.

Decision rationale: The request for retrospective request for menthoderm ointment 120gms dos 05/29/2014 is not medically necessary. The California MTUS Guidelines states that Salicylate topicals are recommended and that they are significantly better than a placebo in chronic pain. However, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The injured worker had rated his pain as a 6/10. There was no documentation in the provided medical record stating if he had tried and failed with antidepressants and anticonvulsants before trying a topical analgesic. Therefore, the request for retrospective request for menthoderm ointment 120gms dos 05/29/2014 is not medically necessary.