

Case Number:	CM14-0165737		
Date Assigned:	11/12/2014	Date of Injury:	07/31/2011
Decision Date:	12/23/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/08/2014

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 Interventional Spine 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:

Patient is 79-year-old female with a date of injury of 07/31/2011. According to progress report 09/10/2014, the patient reports neck pain with stiffness and increased low back pain. Examination revealed "TTP cervical, PSM spasms." The listed diagnoses are: 1. Cervical sprain/strain. 2. Cervical degenerative disk disease. 3. Lumbar sprain/strain. 4. Lumbosacral or thoracic neuritis. 5. Myofascial pain. Treatment plan included acupuncture, Topiramate 50 mg, Tramadol 50 mg, and Menthoderm gel 4 oz. This is a request for Menthoderm gel 4 oz. Utilization review denied the request on 09/29/2014. Treatment reports from 03/12/2014 through 11/05/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm gel 4oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111.

Decision rationale: This patient presents with stiffness in the neck and increased low back pain. The current request is for Methoderm gel 4 oz. Methoderm gel contains menthol and methyl salicylate, an NSAID. The MTUS Guidelines, page 111, allow for the use of topical NSAID for peripheral joint arthritis and tendinitis. The MTUS guidelines support BenGay, which contains similar products as Methoderm. It is recommended for acute and chronic pain conditions, particularly osteoarthritis affecting peripheral joints. In this case, the patient does not meet the indication for this medication as she suffers from neck and low back pain. Recommendation is for denial.