

Case Number:	CM14-0167049		
Date Assigned:	10/14/2014	Date of Injury:	07/01/2005
Decision Date:	11/17/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/10/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 58 years old female who sustained an industrial injury on 07/01/2005 due to repetitive stress. Her diagnoses include neck pain, right shoulder pain, bilateral upper extremity pain, left elbow pain and low back pain. She is s/p cervical interbody fusion with hardware at C3-C4, C4-C5, and C5- C6. She continues to complain of neck, right hand and low back pain. On physical exam there is tenderness in the cervical facet joints and tenderness on palpation of the lumbar facets. There is decreased range of motion of the lumbar spine and straight leg raise caused low back pain and left leg pain. Treatment in addition to surgery has included medical therapy with opiates and muscle relaxants, aquatic therapy, TENS unit, wrist and thumb supports, lumbar support, injections to the wrists, sacroiliac joint and elbows, splinting, cervical traction, medial branch blocks at C6-C7,C7-T1, biofeedback, heating pads, ice packs, use of a cane psychotherapy. The treating provider requested Methoderm cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm crme #1 dispensed on 05/01/2014: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: There is no documentation provided necessitating use of the requested topical medication, Mentherm cream. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no indication for the use of Mentherm cream. Medical necessity for the requested item has not been established. Therefore, the requested Mentherm crme #1 dispensed on 05/01/2014 is not medically necessary and appropriate.