

Case Number:	CM14-0167101		
Date Assigned:	11/07/2014	Date of Injury:	06/24/2010
Decision Date:	12/30/2014	UR Denial Date:	09/29/2014
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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 41-year-old man who sustained a work-related injury on June 24, 2010. Subsequently, he developed chronic low back pain. According to the progress report dated September 2, 2014, the patient continued to have pain in the lumbosacral spine especially in the bilateral sacroiliac joints with some numbness. On examination, there was tenderness over the S1 joint bilaterally. The range of motion of the back was limited by 10% in all planes. Gaenslen's test and flexion, abduction, external rotation (FABER) test were positive bilaterally. There was decreased sensation in the bilateral feet. The bilateral knees were also tender. The straight leg raise was negative. The patient was diagnosed with myofascial pain syndrome, chronic lumbar spine strain, and chronic bilateral knee and bilateral S1 joint pain. The provider requested authorization for Menthoderm gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm gel for numbness #2 bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105,111.

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

Decision rationale: Methoderm contains Methyl Salicylate 15% and Menthol 10%. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Methoderm (Menthol and Methyl Salicylate) contains Menthol a topical analgesic that is not recommended by MTUS. Furthermore, there is no documentation of the patient's intolerance of oral anti-inflammatory medications. Based on the above, Methoderm gel is not medically necessary.