

Case Number:	CM14-0183632		
Date Assigned:	11/10/2014	Date of Injury:	01/04/2012
Decision Date:	12/26/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/05/2014

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 Medical 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:

The patient is a 50-year-old female with a date of injury of 01/04/2012. According to progress report 10/15/2014, the patient presents with continued neck and low back pain. The patient states her pain is 9/10 without medications and 6/10 with medications. The patient is requesting a topical analgesic for her symptoms to decrease the gastro intestinal (GI) symptoms that oral medications are causing. Examination findings noted weakness and numbing in the bilateral L5-S1 as well as decreased bilateral ankle reflexes. Straight leg raise and bowstring are positive bilaterally. Antalgic gait was noted. There is mild cervical and lumbar tenderness. Cervical range of motion decreased by 10%, and lumbar spine range of motion is decreased by 30%. The listed diagnoses are: 1.Musculoligamentous sprain/strain, cervical spine. Multilevel mild cervical disk bulges. 2.Lumbar strain, DDD with disk bulges, lumbar spine, r/o acute HNP. 3.Thoracic strain, with mild thoracic disk bulge. This is a request for Mentherm ointment 120 mL B.I.D. on the affected area. Utilization review denied the request on 10/22/2014. Treatment reports from 04/28/2014 through 10/15/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm ointment 120ml b.i.d. on the affected area: 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 Salicylate Topical Page(s): 105.

Decision rationale: This patient presents with chronic neck and low back pain. The provider is requesting Mentherm ointment 120 mL b.i.d. on the affected area. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl Salicylate and Menthol are recommended under MTUS "Salicylate topical" section, page 105 in which "Ben-Gay" (which contains Menthol and Methyl Salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. Per MTUS, the specific indications for topical NSAIDs are peripheral joint arthritis/tendinitis problems. Review of the medical file indicates the patient has been utilizing this topical ointment since 09/17/2014. The patient notes that topical analgesics keep "the pain at a manageable level." In this case, the patient does not meet the indications for this topical agent and suffers from chronic neck and low back pain. Mentherm Ointment is not medically necessary and appropriate.