

Case Number:	CM14-0183808		
Date Assigned:	11/10/2014	Date of Injury:	10/23/2012
Decision Date:	12/31/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/04/2014

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 Emergency Medicine 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 43 year-old male, who sustained an injury on October 23, 2012. The mechanism of injury is not noted. Pertinent diagnostics were not noted. Treatments have included: July 2014 right elbow surgery, physical therapy, medications. The current diagnoses are: s/p right elbow surgery, right shoulder sprain, cervical disc bulge. The stated purpose of the request for Mentherm ointment 120 ml was not noted. The request for Mentherm ointment 120 ml was denied on October 22, 2014, citing a lack of documentation of failed first-line therapy. Per the report dated October 15, 2014, the treating physician noted complaints of pain to the neck and right upper extremity numbness. Exam findings included right elbow tenderness, cervical spasms, limited cervical range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm ointment 120 ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The requested Mentherm ointment 120 ml is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, pages 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has pain to the neck and right upper extremity numbness. The treating physician has documented right elbow tenderness, cervical spasms, and limited cervical range of motion. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Mentherm ointment 120 ml is not medically necessary.