

Case Number:	CM14-0186249		
Date Assigned:	11/14/2014	Date of Injury:	06/20/2013
Decision Date:	12/31/2014	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/08/2014

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 Family 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 worker is a 31 year old male who was injured on 6/20/13. He was diagnosed with acute shoulder injury/pain, thoracic strain/sprain, and cervical strain/sprain. He was treated with medication, trigger point injections, and physical therapy/exercises all without any improvement. On 10/16/14, the worker was seen by his treating physician reporting continual neck pain, upper back pain radiating to the left arm and associated with left arm weakness. The physical examination revealed neck and upper back muscle spasm, and normal sensation over bilateral arms. He was then recommended cervical and thoracic MRI, EMG/NCV testing of the upper extremities, pool therapy, prednisone, trigger point injections, TENS unit, Flexeril, and Norco. Later, a request for Menthoderm was sent on behalf of the worker by the same physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm 120gm (4 Fl Oz): Upheld

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

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

Decision rationale: Mentherm is a topical analgesic, which includes menthol and methyl salicylate). The MTUS Chronic Pain Treatment Guidelines state that topical salicylates are significantly better than placebo in chronic pain. However, evidence of functional benefit must be documented in order to justify continuation of use in chronic pain. In the case of this worker, there was no evidence to suggest he had already used Mentherm before this request. However, the worker was also requested at the same time multiple other medications and pool therapy. It would be quite difficult to assess for functional improvement related to Mentherm if there are other modalities being tested at the same time. It seems more reasonable that this medication be tried after other modalities are tried and failed. Therefore, the Mentherm will be considered not medically necessary for now.