

Case Number:	CM14-0021560		
Date Assigned:	05/07/2014	Date of Injury:	06/05/2008
Decision Date:	07/30/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/20/2014

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 Occupational 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 patient is a 51-year old male who has submitted a claim for lumbar radiculitis, lumbar spinal stenosis, right shoulder partial rotator cuff tear status post surgery, and idiopathic peripheral autonomic neuropathy associated with an industrial injury date of 06/05/08. Medical records from 2013 were reviewed. Patient has constant, moderate cervical spine pain radiating to the right arm and constant, moderate lumbar spine pain radiating to the right buttock and leg with numbness and tingling to the bottom of the right foot. Patient's pain is made worse with any types of motion and improved with medications. Physical examination findings showed right shoulder range of motion: forward flexion 100, extension 15, abduction 100, adduction 30, internal rotation 70, external rotation 70; lumbar range of motion: flexion 25, extension 10, right lateral flexion 10, left lateral flexion 10; and tender lumbar spine. MRI scanning of cervical spine done in August 2008 showed no evidence of cervical disc protrusion or neural compression was noted. Right shoulder MRI showed only mild cuff stenosis. Electrodiagnostic studies documented right carpal tunnel syndrome, bilateral posterior tarsal tunnel syndrome, S1 radiculitis and right anterior tarsal tunnel syndrome. No evidence of cervical radiculitis was noted. Interval history showed persistence of patient's symptoms. Repeat MRI imaging of the cervical spine on May 16, 2013 showed a mild narrowing of the left neural foramen at C2/3 and C4/5 and 1 mm broad-based posterior disc bulges at C5/6 and C6/7. Right shoulder MRI on March 4, 2013 showed a small posterior glenoid labrum tear, a questionable SLAP tear, and a small partial tear involving the distal subscapularis tendon. Treatment to date has included activity modification, injections to the right shoulder, epidural injections, physical therapy, extracorporeal shockwave therapy, right shoulder surgery, and oral pain medications. Medications taken include Naprosyn 500 mg, Soma 350 mg, Vicodin 7.5 mg/APAP 750 mg, Prilosec 20 mg, Vicodin ES, Norco 10/325, Omeprazole 20 mg, Gabapentin/L-Carnitine, and

Terocin pain patch. Utilization review, dated 01/20/2014, denied the retrospective request for compound topical medication: Menthoderm (duration unknown, frequency unknown). This non-certification is due to the lack of clinical evidence to establish the medical necessity for the request. There is no indication that the patient has failed other medications or is an outlier to the guidelines. Also, the medication is not supported by the California MTUS guidelines for topical compound analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

MENTHODERM OINTMENT (DURATION AND FREQUENCY UNKNOWN): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: Salicylate Topicals.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, the use of topical analgesics is recommended as an option. However, these are largely experimental with few randomized control trials to determine efficacy and safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) or drug class that is not recommended is not recommended. In addition to this, according to the ODG Pain Chapter, the use of topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin may cause serious burns, as alerted by the FDA. In this case, Menthoderm contains methyl salicylate and menthol. Furthermore, no data on the frequency and duration of treatment using Menthoderm was documented. Menthoderm contains drug components that are not recommended. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Menthoderm Ointment (Duration And Frequency Unknown) is not medically necessary and appropriate.