

Case Number:	CM14-0025026		
Date Assigned:	06/11/2014	Date of Injury:	04/11/2013
Decision Date:	08/13/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/27/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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:

According to the documents for review, the patient is a 60-year-old male who presents with a date of injury note to be 4/11/2013. The mechanism of injury is not noted in the records that are available. He currently carries a diagnosis of musculoskeletal ligamentous sprain/strain of the lumbar spine, disc bulges at multiple levels of the lumbar spine, left shoulder impingement, and possible hernia. He is currently being treated with a multimodal pain medication regimen, including but not limited to, naproxen, gabapentin, hydrocodone, Cyclobenzaprine, meloxicam, tramadol, and Menthoderm ointment. A request for Menthoderm ointment was requested and was not granted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION X1 MENTHODERM OINTMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Chronic Pain, Topical Analgesics.

Decision rationale: According to the MTUS and the Official Disability Guidelines, there is little to no research to support the use of topical Methoderm. It also contains menthol, a non-recommended topical agent. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. The MTUS Guidelines does not endorse the use of this product and therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. Therefore, the request is not medically necessary.