

Case Number:	CM14-0030187		
Date Assigned:	06/20/2014	Date of Injury:	09/01/2007
Decision Date:	08/11/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/10/2014

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 Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 65-year-old male was reportedly injured on 9/1/2007. The mechanism of injury was noted as a slip and fall. The most recent progress note, dated 2/5/2014, indicated that there were ongoing complaints of neck, upper and mid back, low back, bilateral shoulder, abdominal pain, and bilateral wrist pains. The physical examination demonstrated neck decreased range of motion, tenderness and spasm palpation of the paracervical, occipital, suboccipital, and trapezius muscles bilaterally. Positive compression test. Upper extremities had atrophy of the left biceps, diffuse muscle tenderness in the shoulders, decreased range of motion and positive impingement. Wrists had positive dorsal and ulnar tenderness, positive Tinnel's and positive Phalen's test. Upper/mid back had decreased range of motion, positive tenderness, spasm, and trigger points to palpation of the upper, mid, and lower paraspinal muscles bilaterally. Lumbar spine had decreased range of motion and positive straight leg raise 45 on the right. There was positive tenderness and spasm to palpation of the paralumbar and gluteal muscles bilaterally and tenderness over the sacroiliac joints, sciatic notch, and posterior iliac crest bilaterally. Lower extremities; atrophy of the left quadriceps was noted, Positive diffuse tenderness of the left knee, Decreased range of motion, Positive Lachman test and Positive McMurray's test. No previous diagnostic studies were available for review. Previous treatment included previous surgeries, physical therapy, and medications. A request had been made for Mentherm Gel 20 gm. and was not certified in the pre-authorization process on 2/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Gel 20gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, Lidocaine or Capsaicin. There was no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason, this request for Mentoderm Gel 20gm is not medically necessary.