

Case Number:	CM14-0034017		
Date Assigned:	06/20/2014	Date of Injury:	09/07/2011
Decision Date:	07/18/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/18/2014

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 Illinois. 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 45-year old female who reported an injury on 09/07/2011 due to a work related injury from typing. On 01/14/2014 the injured worker complained of neck and right upper extremity pain her pain level was noted 4/10. The injured worker reported the medications and TENS unit and acupuncture help with her pain. It was noted that the Ativan and Sertraline helped with her depression/ anxiety. It was noted the injured worker had no side to medications, however there was no medications included for the injured worker on the report. On 01/14/2014 there was no objective findings noted on the injured worker. The diagnoses of the injured worker included displacement of cervical, tear subscapularis muscle, shoulder tendinitis and shoulder impingement. It was noted the injured worker had returned to work with restrictions and modified duties to include no lifting more than 20 pounds, no repetitive bending/stooping, pushing/pulling, and no grasping with right hand and no repetitive work at or above the right shoulder. The treatment plan included a decision for retrospective Menthoderm topical dispensed 1/14/2014. The authorization for request was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Menthodrem Topical Dispensed 01/14/2014: Upheld

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

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

Decision rationale: The request for retrospective Mentherm topical ointment dispensed 01/14/2014 is non-certified. The diagnoses of the injured worker included displacement of cervical, tear subscapularis muscle, shoulder tendinitis and shoulder impingement. It was noted the injured worker had returned to work with restrictions and modified duties to include no lifting more than 20 pounds, no repetitive bending/stooping, pushing/pulling, and no grasping with right hand and no repetitive work at or above the right shoulder. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. Mentherm topical contains at least one or more drug class. The guidelines state that there are no other commercially approved topical formulation of Lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains methyl salicylate and menthol. Furthermore, there was no documentation provided on conservative care measures such as physical therapy or pain management. In addition, there was no documentation provided on frequency or location where the Mentherm topical would be applied and unspecified quantity of the ointment was not provided. As such, for retrospective Mentherm topical ointment dispensed 01/14/2014 is not medically necessary.