

Case Number:	CM14-0037131		
Date Assigned:	06/25/2014	Date of Injury:	09/29/2012
Decision Date:	08/08/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/27/2014

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 Management 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:

According to the records made available for review, this is a 31-year-old female with a 9/29/12 date of injury. At the time (1/31/14) of the request for authorization for Mentherm ointment (duration and frequency unknown) (DOS 1/31/2014), there is documentation of subjective pain in the right shoulder, right wrist, and right hand with radiation to the right arm, the pain is associated with tingling, numbness, and weakness in the right arm. Objective findings include decreased cervical spine range of motion, tenderness to palpation over the right cervical paraspinal muscles, superior trapezius, rhomboids, and cervical facets, tenderness to palpation over the anterior aspect of the shoulder, tenderness to palpation over the radial aspect of the wrist, sensation decreased in the right C6-C7 dermatomes. Current diagnoses include cervical radiculopathy, right shoulder sprain, cervical strain, and right wrist sprain. Treatment to date is medication including tramadol, naproxen, and omeprazole. There is no documentation of that trial of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm Ointment (Duration and Frequency Unknown)(dos 1/31/2014): 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 ANALGESICS Page(s): 111-112. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/menthoderm-cream.html>.

Decision rationale: Medical Treatment Guideline identifies Menthoderm cream as a topical analgesic containing Methyl Salicylate and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, right shoulder sprain, cervical strain, and right wrist sprain. In addition, there is documentation of neuropathic pain. However, there is no documentation that trial of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Menthoderm ointment (duration and frequency unknown) (DOS 1/31/2014) is not medically necessary.