

Case Number:	CM14-0039421		
Date Assigned:	07/30/2014	Date of Injury:	07/11/2013
Decision Date:	08/29/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/03/2014

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 44-year-old female was reportedly injured on July 11, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 31, 2014, indicates that there are ongoing complaints of cervical spine pain. The physical examination demonstrated a normal upper and lower extremity neurological examination, except for hyper reflexes of the bilateral upper extremities. There was no cervical spine tenderness and cervical spine range of motion was not tested due to recent surgery. Diagnostic imaging studies of the cervical spine noted a C3/C4 disc herniation. Previous treatment includes cervical spine surgery on March 20, 2014. Physical therapy was recommended. A request had been made for Menthoderm and Fexmid and was not certified in the pre-authorization process on March 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Menthoderm 120ml, 1 bottle to apply up to twice a day to affected area (DOS: 3/3/14): 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: Menthoderm is a topical analgesic consisting of Methyl Salicylate and Menthol. According to the Chronic Pain Medical Treatment Guidelines the only recommended topical analgesic agents are those including anti-inflammatories, Lidocaine, or Capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients including Methyl Salicylate and Menthol have any efficacy. For this reason this request is not medically necessary.

Retrospective request for Fexmid 7.5mg, #10, take 1-2 tabs, every 4-8 hours as needed for nausea (DOS: 3/3/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that muscle relaxants such as Fexmid are indicated as second line treatment options for the short-term treatment of acute exacerbations of chronic low back pain. The attached medical record does not indicate that the injured employee is having any exacerbations of back pain nor are there any muscle spasms noted on physical examination. For these reasons this request is not medically necessary.