

Case Number:	CM14-0048524		
Date Assigned:	06/25/2014	Date of Injury:	09/20/2012
Decision Date:	11/25/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/28/2014

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 48-year-old female with a 9/20/12 date of injury. At the time (3/13/14) of the Decision for retro Mentherm ointment date of service (DOS) 2/10/14, there is documentation of subjective (left ankle pain) and objective (tenderness over the left medial ankle and antalgic gait findings, current diagnoses (chronic sprain of the left ankle), and treatment to date (medications (including treatment with Naprosyn and Tylenol) and physical therapy). There is no documentation of neuropathic pain when 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:

Retro Mentherm Ointment DOS 2/10/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesics, Compounded Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/cdi/mentherm-cream.html>

Decision rationale: Medical Treatment Guideline identifies Mentherm cream as a topical analgesic containing Methyl Salicylate and Menthol. MTUS Chronic Pain Medical Treatment

Guidelines identify as criteria necessary to support the medical necessity of topical analgesics is documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed. Within the medical information available for review, there is documentation of a diagnosis of chronic sprain of the left ankle. However, there is no documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for retro Methoderm ointment DOS 2/10/14 is not medically necessary.