

Case Number:	CM14-0053634		
Date Assigned:	07/07/2014	Date of Injury:	03/16/2011
Decision Date:	10/07/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/22/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 patient is a 47-year-old female who sustained a work related injury on March 16, 2011 as a result of a fall while she was directing consumers toward and exit when she fell backwards onto her buttocks and lower back. She has complained of low back pain since that radiates into the legs, greater on the right than the left with pain intensity at 8-9/10. Additionally, she had complaint of neck and shoulder pain with tightness. Also complains of legs giving way occasionally, numbness and tingling with diminished sensation as well. On examination, she has decrease lumbar range of motion in all planes, tender lumbar spine and a positive straight leg raise on the left. An electromyography/nerve conduction study (EMG/NCS) of the upper extremity was performed on 11/26/2013 identified no neurologic abnormalities and is a normal study. A lumbar MRI dated 02/03/2014 identifies a 4mm posterior broad disc protrusion at L4-5 and L5-S1 with bilateral moderate foramen stenosis and facet hypertrophy, probably touching or indenting the L4 and L5 exiting nerve roots. She had a slight increase in the degenerative hypertrophic changes from previous study in August of 2011. Per her PR-2 dated 1/29/2014, the Mentherm gel is prescribed 'for the treatment of minor aches and muscle pains'. In disputes is a decision for Mentherm Gel #240gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm Gel #240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate Topicals Page(s): 111-113; 105. Decision based on Non-MTUS Citation Mentherm Cream, <http://www.drugs.com/cdi/mentherm-cream.html>; Official Disability Guidelines Treatment in Workers Compensation, 12th Edition, Pain (updated 03/18/14), Salicylate Topicals

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 111-112.

Decision rationale: Topical analgesics (compounded) are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control medications of differing varieties and strengths. I found where Gabapentin was prescribed on 2/27/2013 as part of the comprehensive medication review, but I found no documentation that describes efficacy of treatment. As the patient has not had a trial of either antidepressants or anticonvulsants and failed treatment, the request is not medically necessary as it has not met criteria for trial.