

Case Number:	CM14-0056232		
Date Assigned:	07/09/2014	Date of Injury:	09/11/2012
Decision Date:	08/29/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/25/2014

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 Family Medicine and is licensed to practice in Utah. 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 43 year old male. The patient's date of injury is 9/11/2012. The mechanism of injury was described as lifting. The patient has been diagnosed with cervical spine herniated disc, thoracic spine herniated disc, left shoulder tenderness, obesity and stress/anxiety. The patient's treatments have included physical evaluations and medications. The physical exam findings show the cervical spine and thoracic spine with pain at 8/10, with left shoulder pain and tenderness to palpation over the deltoid and trapezius. There is cervical and thoracic muscle guarding, with pain in the lower back ranges of motion. The patient's medications have included, but are not limited to, Cyclobenzaprine, Tramadol, Naproxen, and Mentherm. The request is for Mentherm. This medication was used for an unclear amount of time, and outcomes are not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Mentherm (duration unknown and frequency unknown)
(DOS: 02/12/2014): 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: MTUS guidelines were reviewed in regards to this specific case. The clinical documents were reviewed. The request is for Methoderm. The MTUS guidelines discuss compounding medications. The guidelines state that a compounded medicine, that contains at least one drug (or class of medications) that is not recommended, is not recommended for use. The guidelines also state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. This medication is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not specifically address Methoderm as a topical analgesic. Therefore, according to the guidelines cited, it cannot be recommended at this time. The request for Methoderm is not medically necessary.