

Case Number:	CM14-0061267		
Date Assigned:	07/09/2014	Date of Injury:	02/11/2014
Decision Date:	08/29/2014	UR Denial Date:	04/12/2014
Priority:	Standard	Application Received:	05/02/2014

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:

This is a 57-year-old male with a 2-11-2014 date of injury, due to a slip and fall. 4/12/14 determination was non-certified given no indication why the medication was needed and why the patient could not use an over-the-counter topical agent, as the use of prescription compound analgesic is unproven as an effective treatment alternative for long-term pain relief. 2/28/14 medical report was largely illegible due to report being hand written and reproduced. 2/12/14 medical report identified shoulder and head pain. On the date of injury the patient fall and had a head laceration, she denied loss of consciousness. Exam revealed tenderness over the healing laceration, no active bleeding. Tenderness over the cervical and paraspinals/trapezius muscles bilaterally. Lumbar spine range of motion pain due to pain. Diagnoses included head contusion, laceration posterior scalp, cervical spine sprain, right/left shoulder joint pain, posttraumatic headache, and lumbar muscle strain. Medications included Norco, Robaxin, and Mobisyl.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical salicylate Page(s): 105. Decision based on Non-MTUS Citation Other Medical Treatment

Guideline or Medical Evidence: Drugs.com: Methoderm is a methyl salicylate/menthol formulation.

Decision rationale: The prior adverse determination was reviewed. Topical salicylates are recommended by the MTUS chronic pain medical treatment guidelines as a topical pain reliever. The records do not clearly establish where the patient is using this. Medications listed also include hydrocodone and methocarbamol with another topical Mobisyl (salicylate). Given that the patient is on these oral medications and narcotics, it has not been established that there has been any need for a second topical salicylate, nor that there is a need for a brand name formulation.