

Case Number:	CM14-0065486		
Date Assigned:	07/11/2014	Date of Injury:	08/30/2011
Decision Date:	09/11/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/08/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 49-year-old man who sustained a work-related injury on August 30, 2011. Subsequently, he developed chronic low back, right shoulder, and right elbow pain. According to the progress report dated on April 16, 2014, the patient continued to complain of lower back pain radiating to right lower extremity, right shoulder and right elbow pain. The pain level is at 6/10. His physical examination demonstrated normal neurological examination. Straight leg raise test was negative bilaterally and slightly antalgic gait. There was a lumbar tenderness with reduced range of motion. X-rays dated March 7, 2012 showed: - left hip: mild degenerative changes.- Right elbow: significant degenerative joint disease.- Right shoulder: essentially within normal limits. The X-rays dated April 18, 2012 of the lumbar spine showed diffuse spondylosis L2-3 and L5-S1. MRI of the right shoulder dated July 12, 2012 showed evidence of degeneration. MRI of the C-spine dated February 15, 2013 showed C5-6 bulge. MRI of the lumbar spine dated February 13, 2014 showed L2-3 and L5-S1 spondylosis and L5-S1 bulge. According to a progress report dated on May 28, 2014 reported the patient was reported to have low back pain (4/10) and right shoulder and right elbow pain. The patient has lower back pain; however he was not candidate for surgery. The patient was diagnosed with right elbow contusion, right shoulder sprain and lumbar spine pathology. The treatment has included epidural steroid injections, with minimal relief, RTW, and medications. The provider requested authorization for Mentherm ointment and UDS (urine drug screen).

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentoderm Ointment 120 ml x 1 DOS 4/16/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines < Topical Analgesics (Page(s): 111.

Decision rationale: Mentoderm contains methyl salicylate 15% and menthol 10%. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Mentoderm (menthol and methyl salicylate) contains menthol a topical analgesic that is not recommended by MTUS. Furthermore, the patient is already using an oral anti-inflammatory medication, with no significant improvement. There is no clear rationale for both topical and oral anti-inflammatory medications. Based on the evidence listed above, the request for Mentoderm ointment is not medically necessary.

Urine Drug Screen DOS 4/16/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, the patient has had several UDS but there is no documentation of the results. There is no documentation that the patient is at high risk for medications misuse. There is no rationale provided for repeating UDS test in a patient that is at low risk for drug abuse. Therefore, the request for urine drug screen (UDS) is not medically necessary.