MAXIMUS Federal Services

Case Number:	CM14-0073694		
Date Assigned:	07/16/2014	Date of Injury:	10/12/2001
Decision Date:	12/22/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/20/2014

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 Florida. 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 an adult female who sustained a work related injury on 10/12/2001. The mechanism of injury is described as pain from coming up from a bending down position while folding linen. She has been diagnosed with chronic low back pain. An MRI was performed in 4/2013, which showed degenerative disc changes with annular compromise/tearing involving the dorsal and midline aspects of both L4/L5 and L5/S1 discs. Disc bulging versus anatomical variation could not be ruled out at L3/L4 and L4/L5. She has been treated with conservative therapy that includes a home exercise program and NSAID's (oral and topical.) There is documentation that she qualifies for a sedentary occupation. An 11/26/2013 progress note lists under objective findings: "Decreased ROM and increased tenderness to palpation." This is presumed to have been in regard to this patient's back pain. No further physical exam results were provided. A request was made for Menthoderm, and a utilization reviewer did not certify this request. Likewise, an Independent Medical Review was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm 120gm, 4 fl oz: Upheld

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

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

Decision rationale: Menthoderm contains a combination of Methylsalicylate (a NSAID) and Menthol. The California MTUS guidelines state regarding topical NSAIDs, "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." This patient has chronic back pain. Likewise, the medical necessity of Menthoderm is not established.