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| Case Number: | CM14-0076092 | | |
| Date Assigned: | 09/24/2014 | Date of Injury: | 12/31/2012 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 05/19/2014 |
| Priority: | Standard | Application Received: | 05/23/2014 |

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 injured worker is a 47-year-old female who reported an injury while transferring a patient on 12/31/2012. On 06/27/2014, her diagnoses included epidural abscess, causation unknown, sprain/strain of the lumbosacral spine, and L5-S1 discitis, instability, status post posterior decompression/fusion on 04/29/2014. Her medications included naproxen 550 mg, Ultram 150 mg, Norflex 100 mg, and demeclocycline 300 mg. She was requesting a non-systemic analgesic in order to decrease the use of systemic medications. Mentherm ointment was prescribed. A Request For Authorization dated 04/14/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Mentherm Ointment 120ml provided on 1/31/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): pages 111-113..

Decision rationale: The California MTUS Guidelines refer to topical analgesics as largely experimental, with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants

have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Methoderm contains methyl Salicylate and menthol. Methyl Salicylate has not been evaluated by the FDA for topical use on humans. Additionally, the request did not specify a body part or parts to have been treated with this ointment. Furthermore, there was no frequency of application included in the request. Therefore, this request for Retrospective Methoderm Ointment 120ml provided on 1/31/14 is not medically necessary.