

Case Number:	CM14-0076645		
Date Assigned:	07/18/2014	Date of Injury:	03/23/2011
Decision Date:	09/24/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/27/2014

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 Occupational Medicine 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:

The patient is a 44 year-old female with date of injury 03/23/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 02/03/2014, lists subjective complaints as pain in the neck, low back, right shoulder, right upper arm, left wrist, stomach, and soles of the bilateral feet. Objective findings: Examination of the neck and upper bilateral extremities revealed tenderness to palpation and decreased range of motion due to pain. Spurling's maneuver was positive on the right. There was diminished sensation in the bilateral C7 and C8 dermatomes of the upper extremities and right L5 and S1. Diagnosis: 1. Lumbago 2. Disorders of the bursa and tendons in shoulder region. It was unclear, given the medical records available for review, if the patient had been prescribed the following medication before the date of the request for authorization. Medications: 1. Mentherm Ointment (duration and frequency unknown).

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm ointment (duration and frequency unknown): Upheld

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

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

Decision rationale: Methoderm Gel is a topical analgesic containing Methyl Salicylate 15.00% and Menthol 10.00%. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. There is no peer-reviewed literature to support the use of topical Methoderm Gel. The request is not medically necessary and appropriate.