

Case Number:	CM14-0079367		
Date Assigned:	07/18/2014	Date of Injury:	09/13/2012
Decision Date:	09/19/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	05/29/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 48-year-old male who was reportedly injured on September 13, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 28, 2014, indicates that there are ongoing complaints of pain. The physical examination noted tenderness to palpation, a decreased range of motion and well healed surgical portals. Diagnostic imaging studies were not presented. Previous treatment includes topical preparations, shoulder surgery and oral medications. A request was made for Mentherm and was not certified in the pre-authorization process on May 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm gel dispensed 5/6/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page 105 of 127 Page(s): 105 of 127.

Decision rationale: Mentherm gel is a topical analgesic with the active ingredient methyl salicylate and menthol. California Medical Treatment Utilization Schedule treatment guidelines support methyl salicylate over placebo in chronic pain; however there is no evidence-based

recommendation or support for Menthol. MTUS guidelines state that topical analgesics are largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. Methoderm is not classified as an anti-inflammatory drug, muscle relaxant or neuropathic agent. Furthermore, there is no noted efficacy with the use of this medication in the progress of presented. As such, this Methoderm gel dispensed 5/6/14 is not medically necessary is not considered medically necessary.