

Case Number:	CM14-0087318		
Date Assigned:	07/23/2014	Date of Injury:	08/02/2012
Decision Date:	09/17/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/10/2014

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 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 injured worker is a 60 year-old male with a reported date of injury on 08/02/2012. The injury reportedly occurred when the injured worker was pulling a rod in order to level axels on the truck. His diagnoses were noted to include cervical strain and possible herniated nucleus pulposes, lumbar strain with L2-3 and L3-4 bulge, and status post L4-S1 fusion. His previous treatments were noted to include chiropractic treatment, surgery, and medications. The progress note dated 04/30/2014 revealed the injured worker had run out of medications and rated his pain 8/10 to his upper back which radiated into his shoulders as well as low back pain. The physical examination revealed normal reflex, sensory and power testing to the bilateral upper and lower extremities except for weakness and numbness on the right at L3 and L4. The straight leg raise was negative and the injured worker had an antalgic gait. There was positive lumbar tenderness and the lumbar spine range of motion was decreased by 40%. There was a positive femoral stretch on the right. The Request for Authorization form dated 05/02/2014 was for Menthoderm ointment 120 ml, date of service 04/30/2014 apply up to twice a day to affected area.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Menthoderm Ointment 120ml DOS 4-30-14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate Topical Page(s): 111; 105.

Decision rationale: Methoderm consists of Salicylate 15% and Menthol 10%. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of any of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The guidelines state topical salicylate is significantly better than placebo in chronic pain and is recommended. There is a lack of documentation regarding the injured worker's tolerance or inability to take oral medications. There is a lack of documentation regarding efficacy of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.