

Case Number:	CM14-0090772		
Date Assigned:	09/19/2014	Date of Injury:	08/16/2013
Decision Date:	10/17/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/16/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 49-year-old woman with a date of injury of 08/16/2013. The submitted and reviewed documentation did not identify the mechanism of injury. Office visit notes by [REDACTED] dated 04/21/2014 and 06/02/2014 indicated the worker was experiencing neck and right shoulder pain and right hand numbness. Documented examinations consistently described positive right shoulder Spurling's and impingement signs, decreased sensation in the right hand, and decreased joint motion involving the right shoulder and upper spine joints. The submitted and reviewed documentation concluded the worker was suffering from myofascial pain syndrome, cervical spine strain, and right rotator cuff syndrome. Treatment recommendations included continued chiropractic care, continued oral pain medications, and a trial of a topical medicine for the right hand numbness. A Utilization Review decision by [REDACTED] was rendered on 06/05/2014 recommending non-certification for Menthoderm compounded gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication- Menthoderm Gel/ Compound: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Mentoderm™ gel. Product review. Accessed 10/11/2014.
<http://www.physiciansproducts.net/product/mentoderm/>

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested compound contains medications from the non-steroidal anti-inflammatory drug (NSAID) (methyl salicylate 15%) and general pain reliever (menthol 10%) classes. Topical NSAIDs are recommended to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Topical menthol is not recommended by the MTUS Guidelines. The submitted and reviewed documentation concluded the worker was suffering from myofascial pain syndrome, cervical spine strain, and right rotator cuff syndrome. There was no discussion of extenuating circumstances supporting a medical need that was contrary to the MTUS Guidelines. In the absence of such evidence, the current request for Mentoderm gel/compound is not medically necessary.