

Case Number:	CM14-0094389		
Date Assigned:	07/25/2014	Date of Injury:	03/02/2013
Decision Date:	10/06/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/20/2014

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 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 records, presented for review, indicate that this 49-year-old individual was reportedly injured on March 2, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 14, 2014, indicated that there were ongoing complaints of neck pain. The physical examination demonstrated a full range of motion of the cervical spine. There was no tenderness to palpation reported, and there was a normal range of motion of the bilateral shoulders. Motor strength testing was reported to be 5/5 and sensory examination noted a slight diminished sensation in the left L5 and S1 dermatomes. Diagnostic imaging studies were not reported. Previous treatment included chiropractic therapy, physical therapy, injection therapy, TENS unit and pain management interventions. A request had been made for Mentherm and was not certified in the pre-authorization process on May 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Mentherm ointment, dispensed on 04/10/2014: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, Lidocaine, or Capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. Furthermore, there is no clinical improvement noted with the use of this preparation. For this reason, this request for Methoderm is not medically necessary.