

Case Number:	CM14-0103506		
Date Assigned:	07/30/2014	Date of Injury:	06/25/2004
Decision Date:	07/23/2015	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old, male who sustained a work related injury on 6/25/04. He was struck by a pickup truck that impacted the left side of his body. The diagnoses have included lumbar strain, left lumbar radiculopathy, left knee strain, left shoulder strain with impingement, status post left shoulder surgery, left cervical strain, left cervical radiculitis, left-sided thoracic strain, left forearm and hand strain, left thigh and leg contusion and left ribcage contusion. Treatments have included left shoulder surgery 1/28/09, oral medications, medicated gel, use of a back brace, TENS unit therapy and physical therapy. In the PR-2 dated 5/7/14, the injured worker complains of low back pain with radiation to legs, left greater than right. He complains of left knee giving way. He complains of left shoulder pain. He complains of neck and mid back pain, mostly on left side. He complains of left forearm and hand pain with intermittent numbness and tingling in entire hand. He complains of left thigh and leg pain. He complains of left ribcage pain. On examination, he has slight to moderate paralumbar muscle spasm and tenderness, greater on left side. He has decreased range of motion in lumbar spine. He has a positive left straight leg raise at 70 degrees in sitting position. He has slight tenderness and spasm in paracervical muscles, greater on left side. He has decreased range of motion in cervical spine. He has a positive Spurling's sign on left. He has mild localized tenderness over volar and dorsal aspects of the left wrist. He has slight spasm and tenderness of parathoracic muscles. He has continued tenderness of the left acromioclavicular region. He has a positive impingement sign on the left. The treatment plan includes a request for authorization of Menthoderm gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm topical gel 120gm: Upheld

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

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

Decision rationale: The patient was injured on 06/25/04 and presents with pain in his lower back, left knee, left shoulder, neck, mid back, left forearm, left thigh/leg, and left ribcage. The request is for MENTHODERM TOPICAL GEL 120 GM. The RFA is dated 05/21/14 and the patient is permanent and stationary. The 05/06/14 report states that the patient is to apply one to three thin layers of the menthoder gel "to the affected area of the low back and the knee for pain control. This is a topical analgesic, which the patient is better off taking given his chronic history of diabetes and high blood pressure to manage his chronic pain rather than relying only on medications." Menthoder gel contains methyl salicylate 15% and menthyl 10%. Topical NSAIDs are supported for peripheral joint arthritis/tendinitis type of problems, mostly for short term. Regarding topical NSAIDs MTUS also states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The patient is diagnosed with lumbar strain, left lumbar radiculopathy, left knee strain, left shoulder strain with impingement, status post left shoulder surgery, left cervical strain, left cervical radiculitis, left-sided thoracic strain, left forearm and hand strain, left thigh and leg contusion, and left ribcage contusion. There is paralumbar muscle spasm/ tenderness, a positive straight leg raise on the left, mild swelling over the left knee, moderate tenderness over the medial joint line and the patellar region of the left knee, and a limited left knee range of motion. There are no diagnoses of peripheral joint arthritis, tendinitis, or osteoarthritis for which topical NSAIDs are indicated. MTUS specifically speaks against its use for spinal conditions, which is where this patient will be applying this topical to as well as the knee. Therefore, the requested Menthoder topical gel IS NOT medically necessary.

Menthoderm topical cream (Menthyl Salicylate 15% and menthol 10%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals.

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

Decision rationale: The patient was injured on 06/25/04 and presents with pain in his lower back, left knee, left shoulder, neck, mid back, left forearm, left thigh/leg, and left ribcage. The request is for MENTHODERM TOPICAL CREAM (METHYL SALICYLATE 15% AND

MENTHOL 10%). The RFA is dated 05/21/14 and the patient is permanent and stationary. The 05/06/14 report states that the patient is to apply one to three thin layers of the menthoder gel "to the affected area of the low back and the knee for pain control. This is a topical analgesic, which the patient is better off taking given his chronic history of diabetes and high blood pressure to manage his chronic pain rather than relying only on medications." Menthoder cream contains methyl salicylate 15% and menthol 10%. Topical NSAIDs are supported for peripheral joint arthritis/tendinitis type of problems, mostly for short term. Regarding topical NSAIDs MTUS also states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4- 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The patient is diagnosed with lumbar strain, left lumbar radiculopathy, left knee strain, left shoulder strain with impingement, status post left shoulder surgery, left cervical strain, left cervical radiculitis, left-sided thoracic strain, left forearm and hand strain, left thigh and leg contusion, and left ribcage contusion. There is paralumbar muscle spasm/ tenderness, a positive straight leg raise on the left, mild swelling over the left knee, moderate tenderness over the medial joint line and the patellar region of the left knee, and a limited left knee range of motion. There are no diagnoses of peripheral joint arthritis, tendinitis, or osteoarthritis for which topical NSAIDs are indicated. MTUS specifically speaks against its use for spinal conditions, which is where this patient will be applying this topical to as well as the knee. Therefore, the requested Menthoder topical cream IS NOT medically necessary.