

Case Number:	CM14-0117552		
Date Assigned:	08/06/2014	Date of Injury:	07/15/2004
Decision Date:	01/27/2015	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/25/2014

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 53 year old female with an injury date on 7/15/14. The patient complains of lumbar pain, cervical pain, radiating into the bilateral arms per 5/20/14 report. The patient has continued complaints, and is receiving pain management per 1/14/14 report. The patient is complaining of pain in her neck, back but only of her left (not right) lower extremity per 7/23/13 report. Based on the 5/20/14 progress report provided by the treating physician, the diagnoses are: 1. cervical arthrosis with radiculopathy 2. trapezial and paracervical strain 3. bilateral shoulder impingement 4. chronic region pain syndrome 5. bilateral forearm tendinitis 6. low back injury 7. left foot and knee injuries 8. s/p right trigger finger release 9. s/p left cubital tunnel syndrome 10. s/p bilateral carpal tunnel releases with ulnar nerve decompression at the wrists A physical exam on 5/20/14 showed " C-spine range of motion is decreased. There is no L-spine range of motion testing in the provided reports. The patient's treatment history includes medications (NSAID, anti-inflammatory lotion). The treating physician is requesting menthoderm ointment. The utilization review determination being challenged is dated 7/10/14. The requesting physician provided treatment reports from 3/23/13 to 5/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine, Salicylate topicals, Medications for chronic pain Page(s): 111-113, 105, 60, 6.

Decision rationale: This patient presents with neck pain, back pain, bilateral arm pain. The treater has asked for Menthoderam ointment on 5/20/14. The patient has been using Menthoderam cream since 12/3/13 report. The patient was using Terocin ointment in 4/23/13 and 7/23/13 reports, and Dendracin lotion on 3/12/13 report. The treater states "medications are keeping the patient functional" per 2/25/14 report, but no specific information regarding efficacy of Menthoderam was included. Menthoderam is a topical cream that contains menthol/methyl salicylate. Regarding topical analgesics, MTUS supports NSAIDs for peripheral arthritis/tendinitis problems. In this case, the patient does present with arm/wrist pains for which topical NSAIDs may be indicated. But the treater does not indicate how this topical product is being used and with what efficacy. MTUS page 60 require recording of pain and function when medications are used for chronic pain. The request is not medically necessary.