

Case Number:	CM14-0169962		
Date Assigned:	10/20/2014	Date of Injury:	12/15/2011
Decision Date:	02/25/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/15/2014

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51 year old female sustained a work related injury on 12/15/2011. The mechanism of injury was not made known. According to a progress note dated 04/21/2014, the injured worker continued to have pain in the back, some numbness of the legs, weakness of the legs and some neck pain. Medications included Naprosyn, Omeprazole, Flexeril and Neurontin. A request was made for an epidural steroid injection. The rest of the report was illegible. A handwritten progress report dated 07/14/2014 was submitted for review and was partially illegible. The provider noted that Menthoderm Gel would be tried for numbness control. Work restrictions at that visit included single lifting limited to 7 pounds and no climbing. A partially illegible progress report dated 08/15/2014 noted that the injured worker continued to have pain in the C-spine and some numbness of the feet. Trigger point injections were given. Diagnoses included chronic myofascial pain syndrome, chronic strains of the cervical and lumbar spine and chronic lumbosacral radiculopathy. The provider had marked that diagnoses were worsened. Medications included Naprosyn, Omeprazole, Flexeril, Neurontin and Menthoderm Gel. Work restrictions had remained unchanged. On 09/26/2014, Utilization Review modified Menthoderm Gel 120gm #2 bottles. According to the Utilization Review physician, CA MTUS Guidelines state that salicylate topicals are recommended and are significantly better than placebo in chronic pain. While the guidelines referenced support the topical use of menthol salicylates, the requested brand name has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. It is recommended that the brand name topical be partially certified to allow for an over-the-counter

formulation with the same topical salicylate ingredients. Guidelines referenced for this review included CA MTUS Chronic Pain Medical Treatment Guidelines pages 105 and 111 Topical Analgesics. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Gel 120 gram times 2 bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain Section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Mentoderm gel 120 g, two bottles, is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Mentoderm contains methyl salicylate and menthol. Diclofenac is the only topical non-steroidal anti-inflammatory drug not FDA approved for topical use. There is little evidence to utilize topical non-steroidal anti-inflammatory drugs for treatment of osteoarthritis of the hip or shoulder, lower back or for widespread musculoskeletal pain. In this case, the injured worker's working diagnoses are chronic myofascial pain syndrome; chronic strains of the cervical spine and lumbar spine; and chronic lumbosacral radiculopathy. The documentation shows the injured worker had been using Mentoderm for approximately one month. There is no evidence of objective functional improvement with the topical analgesic. Additionally, Mentoderm is not indicated for hip, spine, shoulder, lower back or for widespread musculoskeletal pain. Consequently, absent clinical documentation to support the ongoing use of Mentoderm in conjunction with the areas to be treated, Mentoderm gel 20 g, two bottles, is not medically necessary.