

Case Number:	CM14-0193485		
Date Assigned:	12/01/2014	Date of Injury:	03/20/2012
Decision Date:	01/15/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/18/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of March 20, 2012. A utilization review determination dated October 16, 2014 recommends non-certification topical medication. A progress report dated July 20, 2014 identifies subjective complaints of neck pain, head pain, upper extremity numbness and tingling, mid back pain, low back pain, bloating, right elbow pain, left elbow, bilateral wrist pain, right hip pain, bilateral knee pain, bilateral ankle pain, radiating pain into the lower extremities, and depression. The note indicates that oral/topical medications cause no side effects. Pain without medications is 6/10; pain with medications is 3-4/10. The note indicates that topical creams/patches help decrease pain, walk longer, sit longer, increased sleep, and decreased oral medications. Objective findings reveal restricted range of motion in numerous body parts. Diagnoses include headache, cervical disc protrusion, cervical radiculopathy, thoracic sprain/strain, lumbar radiculopathy, lumbar disc protrusion, bilateral shoulder rotator cuff syndrome, bilateral elbow epicondylitis, bilateral wrist tenosynovitis, bilateral ankle sprain/strain, and depression. The treatment plan recommends topical medications, tens unit, interferential unit, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm Gel 120GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.physiciansproducts.net/joomla/index.php/topical-pain-creams/72-menthoderm>

Decision rationale: Regarding the request for Menthoderm, this topical compound is a combination of methyl salicylate and menthol (according to the Menthoderm website). Guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the Menthoderm is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Menthoderm is not medically necessary.