

Case Number:	CM14-0193869		
Date Assigned:	12/01/2014	Date of Injury:	01/06/2011
Decision Date:	01/14/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/19/2014

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 Internal 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 patient sustained an injury on 1/6/11. Request(s) under consideration include 1 Prescription for Mentherm gel #1. Diagnoses include left shoulder impingement; cervical degenerative disc disease; lumbar degenerative disc disease. Conservative care has included medications, home exercise program, TENS, heat therapy, physical therapy, and modified activities/rest. The patient continues to treat for chronic back, neck and shoulder pain. Report showed unchanged exam findings of TTP to the cervical spine on left paraspinal muscles; inferior scapular and trapezius muscles; intact sensation at C5-8 dermatomes; lumbar spine with TTP on left paraspinal muscles; intact sensation and motor strength of the lower extremities; left shoulder with mild decreased range. Treatment was for topical gel. The request(s) for 1 Prescription for Mentherm gel #1 was non-certified on 11/6/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for mentherm gel #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 103, 111-113.

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

Decision rationale: This patient sustained an injury on 1/6/11. Request(s) under consideration include 1 Prescription for Mentherm gel #1. Diagnoses include left shoulder impingement; cervical degenerative disc disease; lumbar degenerative disc disease. Conservative care has included medications, home exercise program, TENS, heat therapy, physical therapy, and modified activities/rest. The patient continues to treat for chronic back, neck and shoulder pain. Report showed unchanged exam findings of TTP to the cervical spine on left paraspinal muscles; inferior scapular and trapezius muscles; intact sensation at C5-8 dermatomes; lumbar spine with TTP on left paraspinal muscles; intact sensation and motor strength of the lower extremities; left shoulder with mild decreased range. Treatment was for topical gel. The request(s) for 1 Prescription for Mentherm gel #1 was non-certified on 11/6/14. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient with spinal and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2011 without documented functional improvement from treatment already rendered. The 1 Prescription for Mentherm gel #1 is not medically necessary and appropriate.