

Case Number:	CM14-0200870		
Date Assigned:	12/11/2014	Date of Injury:	04/09/2012
Decision Date:	01/30/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/01/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of April 9, 2012. In a Utilization Review Report dated November 24, 2014, the claims administrator denied a request for Mentherm gel, citing a progress note dated November 4, 2014, reportedly semi-legible. The applicant's attorney subsequently appealed. In a July 17, 2014 functional restoration program evaluation, the applicant reported multifocal complaints of back, neck, shoulder, and thumb pain. The applicant was status post shoulder surgery. The applicant developed derivative complaints of depression and anxiety, it was alleged. A functional restoration program was endorsed. The applicant was reportedly using Naprosyn, Prilosec, Lidoderm, Norco, and Ambien at of this point in time. On June 5, 2014, the applicant was again placed off of work, on total temporary disability owing Ongoing complaints of shoulder and mid back pain. In a handwritten note dated June 10, 2014, the applicant was given prescriptions for Naprosyn, Prilosec, and Mentherm. The applicant was placed off of work, on total temporary disability. Multifocal complaints of shoulder and back pain were reported. In a subsequent note dated October 1, 2014, handwritten, difficult to follow, not entirely legible, the applicant again reported multifocal complaints of shoulder, neck, and back pain. The applicant was given prescriptions for Naprosyn, Prilosec, Flexeril, and Mentherm and placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm gel #120 g PRN for numbness: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section;Salicylate Topicals Page(s):.

Decision rationale: While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical salicylates such as Mentoderm are indicated in the treatment of chronic pain, as was/is present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into its choice of recommendations. Here, the applicant is off of work. Ongoing usage of Mentoderm has failed to curtail the applicant's dependence on other medications, including Naprosyn, Norco, Flexeril, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Mentoderm. Therefore, the request was not medically necessary.