

Case Number:	CM14-0207417		
Date Assigned:	12/19/2014	Date of Injury:	07/23/2013
Decision Date:	02/17/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/11/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

9/10/14 note reports the insured has been given Neurontin in the past for arm paresthesia and menthoderm cream was started due to the Neurontin not being sufficient. 8/6/14 note reports pain in the right upper extremity. There is numbness of the arms, left greater than the right. Medications are reported as Naprosyn, omeprazole, flexeril, Neurontin, menthoderm. The assessment is myofascial pain. 8/6/14 EMG is reported to show eletrodiagnostic evidence of left dorsal ulnar cutaneous sensory mononeuropathy at the wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm (Methyl Salicylate 15% / Menthol 10%) 2 Bottles: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topicals Page(s): 111.

Decision rationale: The medical records do not indicate intolerance or ineffectiveness of oral NSAID therapy. Guidelines do not support topical use of analgesics or combination topical analgesics for the control of pain in combination with oral NSAIDS. There is also no indication

of neuropathic condition that has failed oral anticonvulsants or TCAs in support of topical agent congruent with ODG guidelines. Therefore, the request is not medically necessary.