

Case Number:	CM14-0209052		
Date Assigned:	12/22/2014	Date of Injury:	08/03/2012
Decision Date:	02/17/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/15/2014

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. The expert reviewer is Board Certified in Physical Medicine Rehab, 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 female patient with a date of injury of August 3, 2012. A utilization review determination dated December 8, 2014 recommends non-certification of Menthoderm #2. A progress note dated October 30, 2014 identifies subjective complaints of pain in the bilateral paracervical trapezius muscles with radiation of pain down bilateral upper extremities with intermittent numbness and tingling sensations affecting both hands with the right side worse than left. The patient is currently taking Motrin with relief but notes some problems with gastritis type symptoms. The patient has acute muscle spasms in bilateral paracervical trapezius muscles. The physical examination of the cervical spine reveals tenderness in bilateral paracervical muscles, tenderness in bilateral trapezius muscles, tenderness in bilateral rhomboid muscles, decreased sensation in bilateral ventral aspect of the thumb and 1st two and a half digits, and positive Spurling's sign. The diagnoses include bilateral cervical strain, bilateral cervical radiculopathy, and myofascial pain syndrome. The treatment plan recommends a request for EMG/nerve conduction study of the bilateral upper extremities to rule out bilateral cervical radiculopathy versus bilateral carpal tunnel syndrome, a request for a cervical epidural injection on the right side, a prescription for Voltaren XR, a prescription for omeprazole 20 mg, a prescription for Neurontin 600 mg, a prescription for Flexeril 7.5 mg, recommendation for continuation of self-directed home exercise program, and a request for chiropractic care two times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation
<http://www.drugs.com/cdi/menthoder-cream.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) 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-menthoder->

Decision rationale: Regarding the request for Menthoder #2, this topical compound is a combination of methyl salicylate and menthol (according to the Menthoder 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 indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of Menthoder. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the Menthoder is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Menthoder #2 is not medically necessary.