

Case Number:	CM15-0010793		
Date Assigned:	01/29/2015	Date of Injury:	01/12/2009
Decision Date:	08/04/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/20/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 41 year old female who sustained an industrial injury on 01/12/2009. Mechanism of injury was cumulative, affecting her neck and left shoulder. Diagnoses include myofascial pain syndrome, repetitive strain injury of the upper arm, strain of the cervical spine, and left cervical radiculopathy. Treatment to date has included diagnostic studies, medications, physical therapy, Botox injections, and acupuncture. The injured worker is full duty. Her current medications include Flexeril, Omeprazole, Gabapentin, Naproxen, and also Menthoderm gel. The physician progress notes dated 01/06/2015 documents the injured worker is working full duty and her medications are beneficial. She has pain in her neck, her left hand, and she has some numbness with acute spasm of the left trapezius. Cervical range of motion is decreased by 10 degrees in all planes, and there is positive spasm of the left trapezius. There was a positive left Spurling's sign and there was decreased sensation in the left hand. Several documents within the submitted medical records are difficult to decipher. The treatment plan includes reordering her medications, and acupuncture. Treatment requested is for Menthoderm Gel 120gms, refill x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Gel 120gms Ref: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105 and 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Mentherm, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use". Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Mentherm is not medically necessary.