

Case Number:	CM15-0131882		
Date Assigned:	07/20/2015	Date of Injury:	08/10/1993
Decision Date:	08/20/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/08/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 62-year-old female who sustained an industrial injury on 08/10/1993. Current diagnoses include opioid type dependence unspecified, lumbosacral radiculitis, lumbar post laminectomy syndrome, myofascial pain, sacroiliac joint pain, and trochanteric bursitis. Previous treatments included medications, surgical intervention, spinal cord stimulator implant, physical therapy, chiropractic therapy, and water therapy. Report dated 06/11/2015 noted that the injured worker presented with complaints that included low back pain radiating down both legs with numbness and tingling. Pain level was 4 out of 10 on a visual analog scale (VAS). Physical examination was positive for antalgic gait, tenderness and trigger points in the lumbar spine on both sides, positive lumbar facet loading and straight leg raise tests. The treatment plan included analyzing the spinal cord stimulator, refilled Suboxone, and follow up in 4 weeks. Disputed treatments include menthoderam ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderam ointment #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical analgesics Page(s): 105, 111-113.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, Methoderm gel contains methyl salicylate and menthol. There is no peer-reviewed literature to support its use. This has the same formulation as over-the-counter products such as, BenGay. Medical necessity for the requested topical analgesic has not been established. The requested topical analgesic is not medically necessary.