MAXIMUS Federal Services

Case Number:	CM15-0132083		
Date Assigned:	07/20/2015	Date of Injury:	01/23/2013
Decision Date:	08/18/2015	UR Denial Date:	06/15/2015
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: Arizona, California
Certification(s)/Specialty: Family Practice

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 47 year old male with an industrial injury dated 01/23/2013. The mechanism of injury is documented as occurring when he was lifting 50 pounds of plastic bags with floor fragments and sheet rock broken up in pieces. He noted a sharp pain in lower back. His diagnoses included myofascial pain and lumbar spine radiculopathy. Prior treatment included physical therapy, pain medications, epidural steroid injections and chiropractic adjustments. He presents on 06/03/2015 with increased pain in the lumbar spine with spasms of the back. Physical exam noted lumbar spine paraspinal trigger points. Range of motion was decreased in the back. Treatment plan included medications, brace and pain gel. The treatment request is for Menthoderm gel # 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm gel #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals. Decision based on Non-MTUS Citation WebMD, Menthoderm topical, Physicians Products Inc., Menthoderm Gel.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant was on other oral medications as well as provisions were made for topical LidoPro There is no indication for use of multiple topical analgesics. The claimant did not have a diagnosis of arthritis to require topical NSAIDS. There was no indication of reduction of oral medications. Therefore, the use of Menthoderm is not medically necessary.