

Case Number:	CM15-0143715		
Date Assigned:	08/04/2015	Date of Injury:	08/21/2014
Decision Date:	09/02/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/24/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 21, 2014. In a Utilization Review report dated July 14, 2015, the claims administrator failed to approve a request for topical menthoderm cream. The claims administrator referenced an RFA form received on July 2, 2015 in its determination, along with an associated progress note of the same date. The applicant's attorney subsequently appealed. On said RFA form, July 2, 2015, oral Voltaren, topical menthoderm, and oral Prilosec were prescribed. In an associated handwritten progress note of July 2, 2015, the applicant reported ongoing complaints of neck and back pain. It was not clearly stated whether request for Prilosec, diclofenac, and menthoderm represented a first-time request or renewal request. No seeming discussion of medication efficacy transpired. The applicant's work and function status were not outlined, although it did not appear that the applicant was working. In an earlier note dated February 27, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck, mid back, and low back pain. In a handwritten note dated April 23, 2015, Naprosyn, omeprazole, and tramadol were refilled, again without any seeming discussion of medication efficacy. On May 1, 2015, the applicant was placed off of work, on total temporary disability. On June 4, 2015, the applicant was given a prescription for Prilosec, Voltaren, and menthoderm for ongoing complaints of low back pain. Once again, no seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm cream 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals; Functional Restoration Approach to Chronic Pain Management Page(s): 105; 7.

Decision rationale: No, the request for topical menthoderm, a salicylate topical is not medically necessary, medically appropriate, or indicated here. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topical/menthoderm are recommended in the chronic pain context present here. This recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off of work, on total temporary disability; it was suggested above, despite ongoing menthoderm usage. The applicant had been using menthoderm for a minimum of few months, it was suggested above. The applicant had received prescription of menthoderm both on office visits of June 4, 2015 and July 2, 2015, it was incidentally noted. The applicant's failure to return to work and continued dependence on oral pharmaceuticals such as Voltaren, coupled with the attending provider's failure to incorporate any discussion of medication efficacy in his handwritten progress notes of June 4, 2015 and July 2, 2015, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.