

Case Number:	CM15-0164061		
Date Assigned:	09/01/2015	Date of Injury:	04/16/2014
Decision Date:	10/05/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/20/2015

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: New Jersey, New York
 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 43 year old male, who sustained an industrial injury on April 16, 2014. He reported left arm pain with decreased range of motion. Treatment to date has included MRI, chiropractic care, medication, activity modification, epidural steroid injections and psychiatric care. Currently, the injured worker complains of neck, left shoulder and low back pain. The shoulder pain radiates to his left forearm and is accompanied by numbness and weakness in his left arm. He reports the low back pain radiates to his left calf and mid back pain that radiates to his upper back and down his low back spine. The pain is described as constant, sharp, cutting and aching with muscle pain and is rated at 5-10 on 10. His pain is interfering with his ability to function and engage in activities of daily living. The injured worker is currently diagnosed with disorders of bursae and tendons in the shoulder region (unspecified) and thoracic back pain. His work status is modified duty. A progress note dated April 27, 2015 states the injured workers pain level is decreased by medication. A progress note dated June 22, 2015, also states the injured worker experiences efficacy from his medication. The therapeutic response to epidural steroid injections, psychiatric care and chiropractic care was not included in the documentation. The medication, Menthoderm topical cream 15% for the thoracic spine (dated of service June 22, 2015) is requested to alleviate site specific pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (7/22/2015) for Methoderm topical cream 15% for the thoracic spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, salicylates, topical Page(s): 111-113, 104.

Decision rationale: The request for menthoder (menthol, methyl salicylate) is not medically necessary. Methyl salicylate may be useful for chronic pain. However, there are no guidelines for the use of menthol with the patient's complaints. Topical analgesics are used when patient is unable to tolerate oral medications. There is no documentation that the patient failed all oral medications or that he is unable to tolerate orals. Any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request is considered not medically necessary.