

Case Number:	CM15-0187313		
Date Assigned:	09/29/2015	Date of Injury:	08/18/2013
Decision Date:	11/10/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/23/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 female, who sustained an industrial-work injury on 8-18-13. A review of the medical records indicates that the injured worker is undergoing treatment for lateral epicondylitis. Medical records dated (2-5-15-15 to 9-2-15) indicate that the injured worker complains of pain in the right shoulder, right arm and right elbow with radiation to the right leg. The pain is intermittent in frequency and moderate in intensity. The pain is rated 4-5 on a scale of 1-10 on average and has been unchanged. It is described as sharp, cutting, increases with bending forward, walking, exercising and lying down. Per the treating physician report dated 9-2-15 there is no work restrictions. The physical exam dated from (2-5-15 to 9-2-15) reveals left upper extremity tenderness about the lateral epicondyle with referred pain to the elbow with resisted wrist hyperextension. Right shoulder range of motion to forward flexion is 100 degrees, abduction is 120 degrees, external rotation and internal rotation is 70 degrees. The anterior aspect of the right shoulder is tender to palpation. There is no list of the current medications noted. Treatment to date has included pain medication, Mentherm 15.00% analgesic gel since at least 2-5-15, work restrictions and other modalities. The request for authorization date was 9-2-15 and requested service included Mentherm 15.00% analgesic gel 120 ML. The original Utilization review dated 9-8-15 non-certified the request for Mentherm 15.00% analgesic gel 120 ML.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm 15.00% analgesic gel 120 ML: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians products inc. Menthoderm Gel.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: CA MTUS and ODG are specifically silent on the topic of Menthoderm. However, per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, there is no indication that the injured worker is experiencing neuropathic pain. Therefore, the determination is for non-certification. The request is not medically necessary.