

Case Number:	CM15-0187325		
Date Assigned:	09/29/2015	Date of Injury:	03/26/2013
Decision Date:	11/06/2015	UR Denial Date:	08/20/2015
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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 injured worker is a 42 year old male, who sustained an industrial-work injury on 3-26-13. He reported initial complaints of low back and bilateral knee pain. The injured worker was diagnosed as having lumbar strain and lumbago. Treatment to date has included medication and diagnostics. MRI results were reported on 5-8-13 of the lumbar spine that revealed a lumbosacral sprain. X-rays were reported on 3-27-13 that revealed lumbosacral sprain, knee contusion, knee and leg sprain and abrasion in the hip and left leg. Currently, the injured worker complains of pain in the mid back, lower back, both knees with radiation to the right foot. There was tingling in the right foot and numbness in the right leg and right foot as well as weakness in the right leg. Pain was constant and moderate in intensity and rated 6-9 out of 10. Pain is decreased with medication and relaxation. Per the initial pain evaluation on 7-21-15, exam noted difficulty walking, limited range of motion, mild loss of lumbar lordosis, tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms, no spinous process tenderness or masses palpable along the lumbar spine, positive lumbar facet loading maneuver bilaterally, localized pain with straight leg raise, sacroiliac joint tenderness bilaterally with Patrick's test positive on the right, and positive Stork's test bilaterally. The knees revealed full range of motion, no bony deformity, erythema, edema, or crepitus. The Request for Authorization requested service to include Menthoderm 120gm Qty: 1.00 (per 07/21/15 order). The Utilization Review on 8-20-15 denied the request for Menthoderm 120gm Qty: 1.00 (per 07/21/15 order), per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm 120gm Qty: 1.00 (per 07/21/15 order): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: MTUS guidelines were reviewed in regards to this specific case. The clinical documents were reviewed. The request is for Mentherm. The MTUS guidelines discuss compounding medications. The guidelines state that a compounded medicine, that contains at least one drug (or class of medications) that is not recommended, is not recommended for use. The guidelines also state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. This medication is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not specifically address Mentherm as a topical analgesic. Therefore, according to the guidelines cited, it cannot be recommended at this time. The request for Mentherm is not medically necessary.