

Case Number:	CM15-0190469		
Date Assigned:	10/02/2015	Date of Injury:	08/07/2013
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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, who sustained an industrial injury on 8-7-2013. The injured worker is undergoing treatment for: neck and bilateral arm pain. On 7-2-15, he reported neck and bilateral arm pain rated 7-8 out of 10 without medications and 3 out of 10 with medications. On 7-30-15, he reported neck and bilateral arm pain. He rated his pain 7-8 out of 10 and indicated that pain medication is not working anymore. He reported that with medications his pain "only goes to 6 out of 10". Physical findings revealed weakness of the upper extremities and decreased sensation of the C5 distribution bilaterally. The records do not discuss the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no discussion of his current functional status. There is no discussion of aberrant behaviors or adverse side effects. The treatment and diagnostic testing to date has included: medications, electrodiagnostic studies (date unclear), TENS. Medications have included: APAP with codeine, tramadol, Norflex, naproxen, Prilosec, tramadol, menthoderm gel, Meloxicam, Baclofen, and Gabapentin. The records indicate he has been utilizing non-steroidal anti-inflammatory drugs, muscle relaxants, Tramadol and Gabapentin since at least March 2015, possibly longer. Current work status: working full time. The request for authorization is for: Diclofenac sodium 100mg quantity 60, Cyclobenzaprine HCL 7.5mg quantity 60, Tramadol ER 140mg quantity 60, and Gabapentin 600mg, and Eszopiclone 1mg quantity 30, Menthoderm gel 120ml with 3 refills for all. The UR dated 8-31-2015: non-certified the request for Menthoderm gel 120ml with 3 refills; and certified the request for Diclofenac sodium 100mg quantity 60, Cyclobenzaprine HCL 7.5mg quantity 60,

Tramadol ER 140mg quantity 60, Gabapentin 600mg, Eszopiclone 1mg quantity 30, with 3 refills for all.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm gel 120ml with 3 refills: 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: 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 antidepressants and anticonvulsants 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. The continuation of Mentoderm beyond 1 month exceeds the trial period recommended above. In addition, topical NSAIDs can reach systemic levels similar to oral NSAIDs. There was no mention of failure of first line medications. The claimant was on oral NSAIDs as well. Therefore, the continued use of Mentoderm is not medically necessary.