

Case Number:	CM15-0208833		
Date Assigned:	10/27/2015	Date of Injury:	11/27/2014
Decision Date:	12/11/2015	UR Denial Date:	10/11/2015
Priority:	Standard	Application Received:	10/23/2015

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: 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 49-year-old who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of November 27, 2014. In a Utilization Review report dated October 11, 2015, the claims administrator failed to approve a request for topical Menthoderm cream while reportedly approving a request for ibuprofen. A July 28, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said July 28, 2015 office visit, the applicant reported ongoing complaints of low back pain, 5-8/10, with radiation of pain to lower extremities. Motrin, aquatic therapy, and topical agents, including the Menthoderm cream in question were prescribed. No discussion of medication efficacy transpired. There was no mention of whether or not the request represented a first-time request or a renewal request. It was not clearly stated whether the applicant was or was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm cream 240 gms (1 tube): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Salicylate topicals.

Decision rationale: No, the request for topical Mentoderm, a salicylate topical, was not medically necessary, medically appropriate, or indicated here. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topical such as Mentoderm 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 and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the July 28, 2015 office visit at issue was handwritten, difficult to follow, thinly and sparsely developed, not entirely legible, and did not seemingly incorporate any discussion of medication efficacy. The applicant's work and functional status were not detailed. It was not clearly stated whether the request for Mentoderm represented a first-time request or renewal request. The presence or absence of functional improvement in terms of the parameters established in MTUS 9792.20e was not seemingly established. Therefore, the request was not medically necessary.