MAXIMUS Federal Services

Case Number:	CM15-0216248		
Date Assigned:	11/05/2015	Date of Injury:	11/15/2010
Decision Date:	12/18/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/27/2015

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: California
Certification(s)/Specialty: Emergency 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 46 year old male, who sustained an industrial injury on 11-15-10. He reported pain in the back, neck, right arm, bilateral legs, bilateral knees, bilateral ankles, and bilateral feet. The injured worker was diagnosed as having cervical spine discogenic pain and lumbar spine discogenic pain. Treatment to date has included physical therapy, a home exercise program, and L4-5 bilateral lumbar epidural steroid injections. Physical exam findings on 9-14-15 included tenderness to palpation of the lumbar and cervical spine paraspinal muscles. A straight leg raise test was positive bilaterally. On 9-14-15, the injured worker complained of lumbar spine pain rated as 7 of 10 and cervical spine pain rated as 6 of 10. On 9-14-15, the treating physician requested authorization for Menthoderm cream 240g. On 9-29-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm cream 240 g: Upheld

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

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

Decision rationale: Menthoderm is a topical product containing Methyl-salicylate and menthol. Methyl-Salicylate is a topical Non-steroidal anti-inflammatory drug (NSAID). As per MTUS Chronic pain guidelines, most recommendation for topical analgesics are related to neuropathic pains. Topical NSAIDs may be useful in chronic musculoskeletal pains especially osteoarthritic pain in shoulders, hip, wrist, knees etc. There is no evidence to support its use on the shoulders or spine. There is no documented failure of 1st line medications or problems with oral medications. The use of this medication on ineffectual body part is not medically necessary