MAXIMUS Federal Services

Case Number:	CM15-0218407		
Date Assigned:	11/10/2015	Date of Injury:	06/18/2014
Decision Date:	12/28/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/05/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 was a 39 year old female, who sustained an industrial injury, June 18, 2014. The injured worker was undergoing treatment for cervicalgia and or whiplash, lumbago and or facet arthropathy of the lumbar facet joint. According to progress note of October 6, 2015, the injured worker's chief complaint was low back pain and headaches. The pain was rated at a 5 at best and worst. The average pain on the seven days prior was 4-6 out of 10. The pain was described as dull, aching, pressure like and cramping with tenderness. The pain was aggravated by bending forwards or backwards, prolonged sitting, standing, exercises and walking. The injured worker reported recent spasms in the back during minor jogging and exercise. The examination of the lumbar spine noted full range of motion particularly upon flexion. Rotation and bending were limited. There was tenderness with palpation over the bilateral lumbar spine. There was positive lumbar facet loading maneuver bilaterally. The straight leg raises were negative. The injured worker previously received the following treatments 10-12 physical therapy sessions which analgesic effect, 10-12 chiropractic treatment, TENS (transcutaneous electrical nerve stimulator) unit which provided temporary pain relief, functional restoration program and Prilosec for intermittent heartburn and nausea, Gabapentin which the injured worker was not compliant due to side effects of drowsiness and lightheadedness, tolerating Flexeril and Tramadol. The RFA (request for authorization) dated the following treatments were requested a new prescription for Menthoderm lotion 120 grams. The UR (utilization review board) denied certification on October 26, 2015; for the compound prescription for Menthoderm lotion 120 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

120gm Menthoderm Lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation http://drugs.com/cdi/menthoderm-cream.html.

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

Decision rationale: Menthoderm is methyl salicylate and menthol. Methyl salicylate may have an indication for chronic pain in this context. Per MTUS p105, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004)." However, the CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since menthol is not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 states, "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. The request is not medically necessary.