

Case Number:	CM15-0035020		
Date Assigned:	03/04/2015	Date of Injury:	01/23/2013
Decision Date:	04/08/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/25/2015

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: New Jersey, New York
 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 37-year-old male, who sustained an industrial injury on 1/23/2013. He has reported pain in upper back, lower back, and right shoulder. The diagnoses have included right shoulder tenosynovitis, rule out internal derangement, lumbar strain, and rule out lumbar radiculopathy and disc herniation. Treatment to date has included physical therapy for treatment of the shoulder, and epidural steroid injections. Currently, the IW complains of low back pain that radiates down the right lower extremity associated with tingling and right shoulder pain. The physical examination from 12/10/14 documented decreased sensation from L4-S1, lumbar tenderness with decreased Range of Motion (ROM). The plan of care included Magnetic Resonance Imaging (MRI) of lumbar spine and medications. On 1/23/2015 Utilization Review non-certified Mentherm Ointment 120 ML. (J8499), noting the documentation failed to support the medical necessity for a topical medication. The MTUS, ACOEM, or ODG Guidelines were cited. On 2/25/2015, the injured worker submitted an application for IMR for retrospective review of Mentherm Ointment 120 ML. (J8499).

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE request for Mentherm Ointment 120ml J8499: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, salicylates 113, 104 Page(s): 111-113, 104.

Decision rationale: The request for menthoderin is not medically necessary. According to MTUS guidelines. Any compounded product that contains at least one drug that is not recommended is not recommended. Methyl salicylate may be useful for chronic pain. However, there are no guidelines for the use of menthol with the patient's spine and shoulder complaints. Topical analgesics are often used for neuropathic pain which the patient does not appear to have in this chart. The patient does have documentation that he cannot tolerate oral analgesics either. Therefore, the request is considered not medically necessary.