

Case Number:	CM15-0038384		
Date Assigned:	03/09/2015	Date of Injury:	10/07/2011
Decision Date:	04/10/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/02/2015

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: Physical Medicine & Rehabilitation

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 57 year old female with an industrial injury dated 10/07/2011. The mechanism of injury was documented as a motor vehicle accident. On 12/11/2014, she presented with complaints of pain in her cervical and lumbar spine. Physical exam revealed improvement with increased range of motion on flexion and extension of the cervical and lumbar column with decreased spasm and tenderness. Prior treatments include medications, physical therapy, injections and diagnostics. Diagnosis was improved cervical sprain and strain and improved lumbar sprain and strain. The provider noted a trial of topical gel was being started. On 02/04/2015 the request (retrospective) for Menthol 0.1 mg/methyl salicylate 0.15 mg topical ointment (compound topical cream) # 120 grams was non-certified by utilization review. MTUS and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Menthol 0.1mg/Methyl Salicylate 0.15mg topical ointment #120 gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105 & 111-115. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic compound over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medication as the patient. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury beyond guidelines criteria. The Retro Menthol 0.1mg/Methyl Salicylate 0.15mg topical ointment #120 gms is not medically necessary and appropriate.