

Case Number:	CM15-0042207		
Date Assigned:	03/12/2015	Date of Injury:	04/13/2014
Decision Date:	04/22/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/05/2015

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

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 45-year-old male, who sustained an industrial injury on 4/13/14. He reported pain in upper back, lower back and right shoulder. The injured worker was diagnosed as having displacement lumbar intervertebral disc without myelopathy and chronic pain syndrome. Treatment to date has included physical therapy to left shoulder, chiropractic treatment, oral narcotics and activity restrictions. (MRI) magnetic resonance imaging of the spine was performed. Currently, the injured worker complains of low back pain, bilateral leg pain and right shoulder pain. Mild tenderness is noted of left sciatic notch region with pain down the posterior left leg and range of motion is limited. The treatment plan included continuation of oral medications, physical therapy and activity restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm 15.00% 2-3 daily as needed #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111 and 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic, Salicylate topical, Medications for chronic pain Page(s): 111-113, 105, 60.

Decision rationale: The patient presents with pain and weakness in his shoulder, lower back and upper/ lower extremities. The request is for MENTHODERM 15.00% 2-3 DAILY AS NEEDED #2 BOTTLES OF 120ML. Per 10/09/14 progress report, the patient is allowed to return to work. Regarding topical analgesics, MTUS 111-113 states they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate and menthol are recommended under MTUS 'Salicylate topical' section, page 105 in which 'Ben-Gay' (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. Per MTUS, the specific indications for topical NSAIDs are peripheral joint arthritis/tendinitis problems. In this case, this patient does present with peripheral joint arthritis/tendinitis problems in her elbows and knees. The patient has been utilizing Menthoderm gel since at least 09/04/14. There is no discussion regarding how the topical gel has been used with what effectiveness. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Therefore, the request IS NOT medically necessary.