

Case Number:	CM15-0088606		
Date Assigned:	05/12/2015	Date of Injury:	05/24/2013
Decision Date:	06/15/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/08/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 36-year-old [REDACTED] beneficiary who has filed a claim for chronic wrist pain reportedly associated with an industrial injury of May 24, 2013. In a Utilization Review report dated April 15, 2013, the claims administrator failed to approve request for topical Mentherm patches. Progress notes of January 29, 2015 and December 2, 2014, were referenced in the determination. The applicant's attorney subsequently appealed. In an April 8, 2014 medical-legal evaluation, it was acknowledged that the applicant was no longer working, and had not worked since June 2013. The applicant had a history of having filed multiple Workers' Compensation claims, it was noted. Multifocal complaints of wrist, elbow, shoulder, and neck pain were reported, with derivative complaints of psychological stress, it was incidentally noted. On April 26, 2015, oral Voltaren, Prilosec and topical Mentherm were endorsed. An extremely proscriptive 1-pound lifting limitation was endorsed. Little-to-no discussion of medication efficacy transpired. In an applicant questionnaire dated April 8, 2014, the applicant acknowledged that activities of daily living such as gripping, grasping, and lifting remained problematic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Mentherm 120mg Gel X1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

Decision rationale: No, the request for topical Mentherm, a salicylate topical, was not medically necessary, medically appropriate, or indicated here. While page 105 of MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topicals such as Mentherm are recommended in the treatment of chronic pain as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the fact that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, such discussion was, quite clearly, absent. The applicant was off of work, it was suggested by a medical-legal evaluator. The applicant was not working following imposition of rather proscriptive 1-pound lifting limitation. The applicant continued to report difficulty with gripping, grasping, and lifting tasks, it was further noted on a questionnaire dated April 8, 2014. Ongoing usage of Mentherm failed to curtail the applicant's dependence on oral pharmaceuticals such as oral Voltaren. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e. Therefore, the request is not medically necessary.