

Case Number:	CM14-0123009		
Date Assigned:	08/08/2014	Date of Injury:	06/23/2003
Decision Date:	09/29/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Virginia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 41 year old female who sustained an industrial injury on 6/23/2003. According to the 6/16/2014 progress report, the patient presents for follow-up for neck and bilateral upper arm pain. She states pain is worse for the last two months. She is having to do more manual handwriting for her new job position, and more active due to her child's extracurricular activities, also more driving and sitting. Pain is rated 7-8/10, and 2-3/10 with Norco. She is better able to work better and longer. She also uses Maxfreeze, which helps. Physical examination documents no abnormal findings. She is able to sit comfortably without difficulty of evidence of pain. Current medications are hydrocodone 5-325 mg, Maxfreeze roll-on, Prozac, and Colace. Diagnoses are sprain and strains of neck, sprain strain thoracic region, cervicobrachial syndrome. She is prescribed Menthol topical 2.5% gel x 3 refills and hydrocodone-apap 5/325 mg #90 x 1 refill. According to the 8/11/2014 progress report, the patient reports no significant change in her complaints of neck and bilateral upper extremity pain. She continues Norco for pain relief; which brings her pain from 7-8/10 down to 2-3/10. Norco provides pain relief for several hours and she is better able to perform her work activities. She has not been able to get menthol topical because it was not authorized. Physical examination documents normal muscle tone and appearance of the bilateral upper extremities. Hydrocodone 5-325 mg #90 is prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for menthol topical gel 2.5% (DOS 06/16/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 111-113. The Expert Reviewer's decision rationale: The guidelines state "topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." This has not been established in this case. In addition, the medical records do not establish this patient is unable to tolerate standard oral analgesics. Furthermore, the patient has been using this product, however there is no evidence of notable reduction or cessation of opioid analgesic use, and clinically significant reduction in pain and improved function has not been established. The medical records do not establish the retrospective request of Menthol gel is appropriate and medically necessary. The request is not medically necessary.