

Case Number:	CM14-0123674		
Date Assigned:	08/08/2014	Date of Injury:	10/10/2005
Decision Date:	10/06/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/05/2014

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 Internal Medicine and is licensed to practice in California. 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 injured worker is a 64 year old male who had a work related injury on 10/10/05. He injured his low back. The mechanism of injury is not described. The injured worker has undergone treatment for the last several years consisting of surgery, medications, TENS units, lumbar brace, topical analgesics, and other unspecified treatment interventions. Despite the course of treatment, he has remained symptomatic and functionally impaired. The most recent medical record submitted for review is dated 07/03/14. The injured worker returns after 2 months. He is taking Tramadol 2-3 times a day and reports good relief. Physical examination includes tenderness, impaired lumbar thoracic motion, and a normal gait. Diagnoses, lumbar discogenic syndrome, post-surgical status, and postoperative chronic pain. Prior utilization review on 07/07/14 was non-certified. The current request is for Menthoderm 120 grams, quantity 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm 120 grams, quantity 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical salicylate. Decision based on Non-MTUS Citation Official Disability Guidelines, Topical salicylate

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

Decision rationale: As noted on page 105 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. This compound is noted to contain capsaicin, menthol, and methyl salicylate. There is no indication in the documentation that the patient cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for this compound cannot be recommended as medically necessary.