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| Case Number: | CM14-0126977 | | |
| Date Assigned: | 08/15/2014 | Date of Injury: | 05/19/1997 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 08/06/2014 |
| Priority: | Standard | Application Received: | 08/11/2014 |

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 69 year-old individual was reportedly injured on 5/19/1997. The mechanism of injury is noted as a moving/lifting injury. The most recent progress note, dated 3/8 2014 indicates that there are ongoing complaints of chronic low back pain. The physical examination demonstrated lumbar spine limited range of motion due to pain. Upper extremity and lower extremity muscle strength is rated 5/5. Reflexes 1+, sensation intact, bilateral shoulder abduction is 70-80 degrees. No recent diagnostic studies are available for review. Previous treatment includes previous back surgery, medications, and conservative treatment. A request had been made for Menthoderm120 and was not certified in the pre-authorization process on 8/6/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm 120gm x2 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 105. The Expert Reviewer's decision rationale: Methoderm gel is a topical analgesic with the active ingredient methyl salicylate and menthol. MTUS treatment guidelines support methyl salicylate over placebo in chronic pain; however there is no evidence-based recommendation or support for Menthol. MTUS guidelines state that, "topical analgesics are largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". Methoderm is not classified as an anti-inflammatory drug, muscle relaxant or neuropathic agent. As such, this request is not considered medically necessary.