

Case Number:	CM14-0140460		
Date Assigned:	09/10/2014	Date of Injury:	11/01/2010
Decision Date:	10/10/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/29/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 48-year-old female with an 11/1/10 date of injury. A specific mechanism of injury was not described. The 8/22/14 UR decision referred to a 2/27/14 progress note, however, it was not provided for review. According to the 2/27/14 note, the patient has been treated for chronic cervical and right upper extremity pain. Objective findings: decreased range of motion of cervical spine with pain, slight trapezial and paracervical tenderness on the right, Spurling's test was positive on the right, mild lateral epicondylar tenderness on the right, grip strength diminished on the right. Diagnostic impression: lateral epicondylitis, right elbow, status post failed surgery; neck pain with C5 radiculopathy; status post bilateral carpal tunnel syndrome. Treatment to date includes medication management, activity modification, physical therapy, surgery, ESI. A UR decision dated 8/22/14 denied the request for Menthoderm. Topical salicylates are recommended for short duration (4-12 weeks) for musculoskeletal pain and available documentation indicates this patient has been using this medication for months prior to this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Menthoderm gel 1 bottle (120 units) (DOS 2/27/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113.

Decision rationale: The MTUS states that topical salicylates are significantly better than placebo in chronic pain. However, while the guidelines referenced support the topical use of mental salicylates, the requested Mentoderm has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. A specific rationale identifying why this patient requires this brand name formulation as opposed to an over-the-counter equivalent was not provided. Therefore, the request for retrospective request for Mentoderm gel 1 bottle (120 units) (DOS 2/27/2014) is not medically necessary.