

Case Number:	CM14-0142956		
Date Assigned:	09/10/2014	Date of Injury:	02/06/1998
Decision Date:	11/13/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/03/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, neck, and hip pain reportedly associated with an industrial injury of February 6, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical agents; earlier carpal tunnel release surgery; and earlier ulnar nerve transposition surgery. In a Utilization Review Report dated August 12, 2014, the claims administrator denied a request for topical Mentherm, stating that the attending provider has failed to furnish any recent progress notes. The claims administrator did not incorporate any guidelines in its rationale, however. In a progress note dated March 17, 2014, the applicant was described as having multifocal worsening bilateral arm and elbow pain. The applicant was described as having possible issues with recurrent carpal tunnel syndrome. Oral Voltaren, Prilosec, topical Mentherm, and tramadol were prescribed. There was no explicit discussion of medication efficacy. The applicant was described as having retired. On April 21, 2014, the applicant was asked to pursue a revision left ulnar nerve transposition surgery owing to worsening left elbow, left hand, and left shoulder. The applicant had retired, it was again noted. Voltaren, Prilosec, Mentherm, and tramadol were again endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds x 1 mentherm ointment gel 120g: 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 Salicylate Topicals Page(s): 105, 7.

Decision rationale: While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topicals such as Mentherm are indicated in the treatment of chronic pain, as is present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant does not appear to have returned to work, although it is acknowledged that this may be a function of age-related retirement as opposed to a function of the industrial injury. Nevertheless, the applicant continues to report heightened complaints of pain from visit to visit, despite ongoing usage of Mentherm. Ongoing usage of Mentherm has failed to curtail the applicant's dependence on opioid medications such as tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Mentherm. Therefore, the request is not medically necessary.