MAXIMUS Federal Services

Case Number:	CM14-0143016		
Date Assigned:	09/10/2014	Date of Injury:	10/08/2009
Decision Date:	10/14/2014	UR Denial Date:	09/03/2014
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 Physical Medicine and Rehabilitation 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 39-year-old male who reported a work-related injury on 10/08/2009. The mechanism of injury was a motor vehicle accident which injured his spine and head. The injured worker's diagnoses included cervical degenerative disc disease, occipital neuralgia, thoracic sprain/strain, and lumbar degenerative disc disease. The injured worker's past treatments have included massages, a home exercise program, a TENS unit, and medication. The injured worker's diagnostic testing included an MRI of the lumbar spine dated 11/20/2009 which revealed mild degenerative disc changes at the L4-5 and L5-S1 levels without evidence of focal disc protrusion, significant neural foraminal narrowing, or central canal stenosis. An MRI of the cervical spine dated 05/04/2012 revealed straightening of the cervical alignment, which correlated clinically for post-traumatic ongoing muscle spasm, multilevel deteriorative disc level changes which were greatest at the C5-6 and C6-7 levels with both disc space narrowing and central wide based disc bulging. The injured worker's surgical history was not provided for review. On 08/25/2014 the injured worker reported upper, mid, and lower back pain with increased pain for 2 weeks. The injured worker stated his mid-upper back pain occasionally radiated to the low back to the left lower extremity with numbness and tingling to the left foot. Objective findings included tenderness to palpation. Current medications included Norco, Diclofenac Sodium ER, Cyclobenzaprine, and Menthoderm gel. The treatment plan included continuing Menthoderm gel. The request is for retrospective Menthoderm gel 4 oz dispensed on 08/25/2014. The rationale for the request was not provided. The Request for Authorization form was submitted on 08/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 8/25/14) Menthoderm Gel 4oz: 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 request for retrospective Menthoderm gel 4 oz is not medically necessary. The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Menthoderm gel contains methyl salicylate and menthol. Within the clinical documentation, there was no evidence of the failure of trials of antidepressants or anticonvulsants. Additionally, the clinical information does not document a specific rationale for the Menthoderm gel. The injured worker received a refill for a 2 months' supply of Menthoderm gel on 08/25/2014. There is no indication of significant pain relief or objective functional improvements with the use of Menthoderm gel. As such, the request for Retro (DOS 8/25/14) Menthoderm Gel 4oz is not medically necessary.