

Case Number:	CM14-0157658		
Date Assigned:	09/30/2014	Date of Injury:	04/08/2013
Decision Date:	10/28/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/25/2014

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 4/8/13. A utilization review determination dated 9/10/14 recommends non-certification of Mentherm. 8/11/14 medical report identifies that the patient requested a non-systemic analgesic in order to decrease the use of systemic medications. Mentherm was recommended. It was noted that the medication decreases the patient's pain by approximately 2-3 points on the pain scale and allows improved ADLs including the ability to ambulate, use the bathroom, provide self-care, cook, and clean. However, the records do not appear to reflect any prior use of the medication upon which to base efficacy as previous reports (as recent as 8/4/14) note only oral medications (naproxen, cyclobenzaprine, and tramadol ER) and include the same statement regarding pain relief and functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm 120 mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 OF 127.

Decision rationale: Regarding the request for Mentherm, CA MTUS states that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, as the reason given for topical use was to decrease systemic medication use, but there was no corresponding discontinuation of the prescribed systemic medications. Given all of the above, the requested Mentherm is not medically necessary.