

Case Number:	CM14-0178654		
Date Assigned:	11/03/2014	Date of Injury:	09/01/2014
Decision Date:	12/08/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	10/28/2014

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 Interventional Spine 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 patient is a 41 year old with an injury date on 9/1/14. Because the two included reports are a lab and supplemental report without a diagnosis, the utilization review letter dated 10/17/14 was consulted for the following diagnoses: 1. cervical musculoligamentous s/s2. rule out cervical discogenic disease3. thoracic musculoligamentous s/s4. lumbosacral musculoligamentous s/s5. rule out lumbosacral spine discogenic diseaseExam on utilization review letter dated 10/17/14 showed "positive straight leg raise on right. Decreased bilateral wrist range of motion. Decreased bilateral shoulder range of motion. Decreased cervical range of motion. Decreased lumbar range of motion." [REDACTED] is requesting menthoderm gel 240gm no NDC #, no refill, topical analgesics. The utilization review determination being challenged is dated 10/17/14. [REDACTED] the requesting provider, and he provided treatment reports from 10/1/14 to 10/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Gel 240gm no NDC#, No refills, Topical Analgesics-no cost in Express Scripts: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: This patient presents with chronic neck, thoracic and lumbar pain and the treating physician does not describe the patient's subjective pain in the reports provided. The treating physician has asked for MENTHODERM GEL 240gm no NDC #, no refill, topical analgesics. It is not known how long patient has been using Mentoderm cream. Mentoderm is a topical cream that contains menthol/methyl salicylate. Regarding topical analgesics, MTUS supports NSAIDs for peripheral arthritis/tendinitis problems. In this case, the patient does not present with arthritis or tendinitis of the peripheral joints for which this topical medication is indicated. The treating physician does not indicate how this topical product is being used and with what efficacy either. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Given the lack of indication and documentation of efficacy, recommendation is not medically necessary.