

Case Number:	CM14-0184877		
Date Assigned:	11/12/2014	Date of Injury:	08/22/2011
Decision Date:	12/19/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/06/2014

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 and shoulder pain reportedly associated with an industrial injury of August 22, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; earlier shoulder surgery on August 27, 2014; and topical agents. In a Utilization Review Report dated October 13, 2014, the claims administrator modified a request for Menthoderm to an over-the-counter formulation with the same ingredients as Menthoderm. It was not clearly stated whether this was a first-time request or a renewal request. The applicant's attorney subsequently appealed. In a June 11, 2014 progress note, the applicant reported ongoing complaints of neck, shoulder, mid back, and bilateral knee pain, 7-9/10. Additional physical therapy, topical medications, shoulder MRI imaging, and extracorporeal shockwave therapy were sought. Work restrictions were endorsed, although it was not clearly stated whether the applicant was in fact working or not. In a psychiatry note dated October 17, 2014, the applicant was given prescriptions for Ambien and Celexa for insomnia and depression, respectively. The applicant went on to receive a left shoulder open rotator cuff repair surgery on August 25, 2014. On August 13, 2014, the applicant was given prescriptions for omeprazole, tramadol, and Ambien. The applicant was placed off of work, on total temporary disability. There was no mention of the need for Menthoderm on this occasion. Similarly, on August 29, 2014, the applicant was again given prescriptions for Ambien and omeprazole. There was no mention of the need for Menthoderm on this occasion, either. On September 26, 2014, the applicant was placed off of work, on total temporary disability, while 12 sessions of physical therapy were sought. Medication selection and medication efficacy were not discussed in this particular note. On October 22, 2014, the applicant was placed off of work, on

total temporary disability, while Ambien and Norco were renewed. Additional physical therapy was sought. There was no mention of Mentherm on this particular occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm 15%-10%, type of medication: NSAI Agents, Quantity: 240, Refills: 00, Day's supply: 30, AWP: 4.06883, Route: Topical, NDC#: 45861000301: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 104, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals topic, Functional Restoration Approach to Chronic Pain Management section. Pa. Decision based on Non-MTUS Citation MTUS 9792.20f.

Decision rationale: While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topical such as Mentherm are recommended 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. Here, however, the attending provider did not clearly outline how (or if) ongoing usage of Mentherm has proven effective here. Several progress notes, referenced above, contained no explicit discussion of medication selection or medication efficacy. On one occasion, the applicant was given refills of unspecified topical medications, one of which presumably included Mentherm. The fact that the applicant remains off of work, on total temporary disability, however, coupled with the fact that the applicant remains dependent on opioid agents such as Norco, does suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Mentherm. Therefore, the request is not medically necessary.