

Case Number:	CM14-0096361		
Date Assigned:	09/15/2014	Date of Injury:	07/01/2009
Decision Date:	10/15/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/24/2014

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:

There were 58 pages provided for this review. The application for independent medical review was for Mentherm gel 120 g for the right elbow. The application was signed on June 24, 2014. Per the records provided, the patient is a 47-year-old woman who was injured back in the year 2009. Prior treatment had included physical therapy, chiropractic care, medications and acupuncture. She had myofascial pain syndrome, epicondylitis and repetitive stress injury. As of February 23, 2011 the patient could work full duty. The medicines were Naproxen, Omeprazole, Zanaflex, Medrox 10% and a TENS unit. Trigger point injections were provided. There were plans for acupuncture. In 2012 for cervical ESI was recommended. The patient has a history of gastroesophageal reflux disease while taking Naproxen. There was trouble sleeping, headaches, reflux, pain in the right elbow and cervical spine, occasional numbness and tingling affecting the right hand and stress. As of March 11, 2014, there was increased pain over the right lateral epicondyles the symptoms of numbness in the right upper extremity. The patient is working full duty. As of June 11, 2014, there is increased pain in the right elbow and pain in the neck with numbness into the right hand. Medicines were helping. The patient continues to work full duty. There is tenderness over the right lateral epicondyles. An MRI of the right elbow was requested and topical Mentherm was requested due to numbness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm Gel 120gm for right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105 OF127.

Decision rationale: Methoderm is a combination of methyl salicylate and menthol. The MTUS notes that topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004). This product is used to treat minor aches and pains of the muscles/joints (e.g., arthritis, backache, sprains). Menthol and methyl salicylate are known as counterirritants. They work by causing the skin to feel cool and then warm. These feelings on the skin distract you from feeling the aches/pains deeper in your muscles, joints, and tendons. In this case, these agents are readily available over the counter, so prescription analogues would not be necessary. Therefore, this request is not medically necessary.