

Case Number:	CM14-0193133		
Date Assigned:	11/26/2014	Date of Injury:	09/16/2013
Decision Date:	01/20/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 51 year old male with a date of injury as 09/16/2013. The current diagnoses included lumbar spine sprain/strain and lumbar spine discogenic pain. Previous treatments include home exercise program and lumbar epidural steroid injection (scheduled for 11/21/2014). Secondary treating physician's reports dated 09/15/2014 and 10/27/2014 were included in the documentation submitted. On 10/27/2014 Dr. [REDACTED] noted subjective complaints of that included lumbar spine intermittent to moderate pain, and right hand numbness and weakness. Physical examination for this report dated 10/27/2014 was very brief and not legible. The secondary treating physician recommended continuing with the home exercise program and Mentherm ointment. The injured worker's work status was deferred to the primary treating physician in the reports submitted. The medications listed on the 9/15/2014 note are Tramadol and Voltaren. The utilization review performed on 11/06/2014 non-certified a prescription for Mentherm ointment (no strength or quantity provided) based on medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm ointment (no strength or quantity provided): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/mentherm-cream.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain that did not respond to treatment with first line anticonvulsant and antidepressant medications. The records did not show subjective or objective findings consistent with neuropathic pain. There is no documentation that the patient failed first line medications. The guidelines recommend that topical medications be tried and evaluated individually. The Mentoderm product contains methyl salicylate 15% and menthol 10%. There is lack of FDA or guidelines support for the use of salicylate and menthol in the treatment of chronic musculoskeletal pain. The criteria for the use of Mentoderm were not met. Therefore, this request is not medically necessary.