

Case Number:	CM14-0218183		
Date Assigned:	01/07/2015	Date of Injury:	02/27/2014
Decision Date:	03/04/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey
 Certification(s)/Specialty: Family Practice

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 42 year old male who suffered a work related injury on 02/27/14 involving his lower back. Per the physician notes from 11/13/14 he continued to have pain in his back and some spasms. He was not working at the time. Diagnoses included myofascial pain syndrome, lumbar radiculopathy, and lumbar sprain. The treatment plan included a planned LES for 12/12/14, continue nonnarcotic regimen, and encouraged the injured worker to start chiropractic treatments as soon as possible. The requested treatment is Menthoderm gel which was denied by the Claims Administrator on 12/09/14 and was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm gel 120 gms #2: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that topical salicylates, such as methyl salicylate, are recommended as they are significantly better than placebo for the treatment of chronic pain with very low risks. Continuation of topical salicylates required documented evidence of functional gains and pain-reduction. In the case of this worker, although a topical medication would be a good consideration when the worker has been wanting to use less oral medications, there was no documentation found in the notes provided for review that clearly stated the functional and pain-reducing benefits (measurable) directly related to the worker's previous Mentherm use, which is required before a consideration for continuation can be made. Therefore, without evidence of benefit, the Mentherm will be considered medically unnecessary.