

Case Number:	CM14-0219300		
Date Assigned:	01/09/2015	Date of Injury:	06/25/2008
Decision Date:	03/06/2015	UR Denial Date:	12/08/2014
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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 54 year old male, who sustained an industrial injury on 06/25/2008 when he slipped and fell off of his truck, injuring his lower back. He has reported right shoulder, neck and right elbow pain. The diagnoses have included right lateral epicondylitis and lumbar spine sprain/strain and radiculopathy. Treatment to date has included right shoulder arthroscopy on 6/12/2014, medications, physical therapy and home exercise program. EMG/NCV performed on 7/08/2014 revealed right L5 radiculopathy and right peroneal motor peripheral neuropathy. Currently, the Injured Worker complains of constant lower back pain, radiating to the legs with weakness and right knee pain symptoms are worsened with any type of activity. Magnetic resonance imaging (MRI) of the right elbow dated 9/26/14 was read by the evaluating provider as a grade 1 sprain on medical collateral ligament and tendinosis of common flexor tendon. On 12/08/2014, Utilization Review non-certified a prescription for Menthoderm #1 tube, noting that the clinical information submitted for review failed to meet the evidence based guidelines for the requested service. The MTUS guideline was cited. On 12/30/2014, the injured worker submitted an application for IMR for review of Menthoderm #1 tube.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Apply as Directed #1 Tube only: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-13. Decision based on Non-MTUS Citation Pain, Compound creams

Decision rationale: Methoderm/Thera-Gesic is the brand name version of a topical analgesic containing methyl salicylate and menthol. ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants, gabapentin is noted to have been initiated 7/2014 and then discontinued 8/2014 due to a report of leg weakness. A subjective report of leg weakness after 4 weeks is not a reasonable criteria for therapeutic failure of gabapentin. ODG only comments on menthol in the context of cryotherapy for acute pain, but does state Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances may cause serious burns, a new alert from the FDA warns. In this case, the treating physician does not document the failure of first line treatments and the provided medical records nowhere note the specific indication for the topical (if it is for the radicular pain, the shoulder or knee is not documented). As such, the request for mentherm 1 tube is deemed not medically necessary.