

Case Number:	CM14-0094903		
Date Assigned:	07/25/2014	Date of Injury:	12/16/2009
Decision Date:	06/12/2015	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/23/2014

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: Montana

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

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 71 year old female, who sustained an industrial injury on 12/16/2009. The current diagnoses are right lumbosacral strain, right lumbosacral radiculopathy, and myofascial pain syndrome. According to the progress report dated 6/13/2014, the injured worker complains of low back pain, predominantly on the right iliolumbar ligament with some radiation of pain down the right lower extremity with intermittent numbness and a tingling sensation. The pain was not rated. The physical examination reveals tenderness and muscle spasms in the right iliolumbar ligament and L5 paraspinal muscles. She has decreased sensation to light touch in the dorsal aspect of the right foot. There is decreased range of motion noted. The current medications are Ketoprofen, Omeprazole, and Zanaflex. Treatment to date has included medication management, modified duties, MRI studies, physical therapy, home exercise program, acupuncture, and epidural steroid injection. The plan of care includes prescription for Methoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm #2 bottles: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: Menthoderm is a combination topical analgesic medication containing methyl salicylate and menthol. The MTUS notes that use of topical analgesics is largely experimental with few trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical records do note failure of gabapentin only. Methyl salicylate is a volatile oil with a characteristic wintergreen odor and taste, used as a flavoring agent and as a topical counterirritant for muscle pain. The salicylate component is an anti-inflammatory agent. Topical nonsteroidal anti-inflammatory agents have shown inconsistent efficacy in clinical trials with most studies being small and of short duration. The use of menthol is not supported in the MTUS. The MTUS does state that if a compounded product contains at least one component that is not recommended, the compounded treatment itself is not recommended. As such, the request for Menthoderm #2 bottles is not medically necessary.