MAXIMUS Federal Services

Case Number:	CM15-0002669		
Date Assigned:	01/13/2015	Date of Injury:	10/25/2014
Decision Date:	03/09/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/06/2015

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: Arizona, California
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 19 year old male, who sustained an industrial injury on 10/25/2014. He has reported low back pain, neck pain that goes to the right shoulder with left hand cramps. The diagnoses have included lumbar muscle strain, lumbar radiculopathy. Treatment to date has included medications, modified duty, and physical therapy. Currently, the injured worker complains of low back pain with reduced right ankle jerk and reduced sensation in the right leg. He rates the pain as 10/10 that is worse with standing and sitting with reduced range of motion. On 12/19/2014 Utilization Review non-certified Menthoderm ointment 120 ml, noting the MTUS Chronic Pain Treatment Guidelines, Topical Analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Ointment 120ml: Upheld

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

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

Decision rationale: Menthoderm contains topical methyl salicylate (NSAID). According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant had been provided oral opioids, NSAIDs (Anaprox) and muscle relaxers (Fexmid). The system's absorption of a topical NSAID can reach the same levels as oral NSAIDs. In addition, there is no documentation of failure of 1st line treatment. Therefore, the use of Menthoderm is not medically necessary.