

Case Number:	CM15-0016021		
Date Assigned:	02/04/2015	Date of Injury:	04/20/2013
Decision Date:	03/30/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/28/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 41 year old male, who sustained an industrial injury on 04/20/2013. He has reported neck, low back, and left leg pain. The diagnoses have included lumbar sprain/strain; lumbar degenerative disc disease; lumbar radiculitis; and lumbar spondylosis. Treatment to date has included medications, transforaminal epidural steroid injection, acupuncture, and chiropractic sessions. Medications have included Cyclobenzaprine, Naproxen, and Mentherm. Currently, the injured worker complains of constant and severe pain in the neck, lower back, and left gluteal area, with radiation to the left leg; the pain is associated with numbness and weakness in the left leg; the pain is rated at 8/10 on the visual analog scale; and pain improves with medications. A progress report from the treating physician, dated 05/06/2014, documented the injured worker to have tenderness to palpation over the bilateral lumbar paraspinal muscles; and positive straight leg raise test on the left. Request is being made for Mentherm for the lumbar spine. On 12/23/2014 Utilization Review noncertified a prescription for Mentherm for the Lumbar Spine. The CA MTUS was cited. On 01/09/2015, the injured worker submitted an application for IMR for review of a prescription for Mentherm for the Lumbar Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm for The Lumbar Spine: 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 - 113.

Decision rationale: The patient is a 41 year old male who had an injury on 04/20/2013. He had neck, back and leg pain. MTUS guidelines note that if one component of a topical compound analgesic is not recommended then the entire product is not recommended. Methoderm is topical methyl salicylate combined with menthol. Menthol is not a recommended topical analgesic and therefore, the requested compound topical Methoderm is also not recommended; it is not medically necessary for this patient.