

Case Number:	CM15-0018329		
Date Assigned:	02/06/2015	Date of Injury:	12/06/2007
Decision Date:	07/01/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/30/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 51 year old male who sustained an industrial injury on 12/06/2007. Current diagnoses include L2 burst fracture, status post L1-L3 fusion with post op infection, status post hardware removal, degenerative disc disease with neuroforaminal narrowing L5-S1, and status post ALDF L5-S1. Previous treatments included medications, lumbar surgeries, inpatient rehab, physical therapy, and home exercises. Previous diagnostic studies include urine toxicology screening. Report dated 12/15/2014 noted that the injured worker presented with complaints that included a recent flare-up of pain, increasing pain in the low back and right lower extremity. Pain level was 7 out of 10 on a visual analog scale (VAS). It was noted that the injured worker is on hemodialysis due to kidney failure and has difficulty processing oral medications. Physical examination was positive for decreased right ankle reflex, uses a cane due to blindness, minimal lumbar tenderness, and decreased range of motion in the lumbar spine. The treatment plan included request for Mentherm ointment to reduce oral medications and systemic affects. It was noted that the Mentherm ointment decreases the injured worker's pain level by 2-3 points, improves activities of daily living which include ambulation, use of the bathroom, providing self-care, cook, and clean. Disputed treatments include Mentherm ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Ointment 120mg, 4oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Mentoderm ointment 120g (4oz.) is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Methyl salicylate is significantly better than placebo in acute and chronic pain, but especially acute pain. Topical salicylate was significantly better than placebo but larger more valid studies without significant effect. In this case, the injured workers working diagnoses are L2 burst fracture, status post L1 - L3 fusion with postoperative infection; status post hardware removal, CPS, DDD with no rope around little narrowing L5/S1; and status post ALDF L5 - S1 May 28, 2013. The providers clinical rationale for topical analgesics is to "help keep all medication use down". There is no documentation of failed first-line treatment with antidepressants and anticonvulsants documented in the medical record. The injured worker is a dialysis patient. However, topical salicylate is no more efficacious than over-the-counter BenGay. Topical salicylates were without significant benefits (according to larger more valid studies). Additionally, topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. Consequently, absent guideline recommendations for topical analgesics, Mentoderm ointment 120g (4oz.) is not medically necessary.