

Case Number:	CM15-0111753		
Date Assigned:	06/18/2015	Date of Injury:	01/09/2014
Decision Date:	07/16/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/09/2015

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 45-year-old male, who sustained an industrial injury on January 9, 2014. He reported back, left leg and left shoulder pain. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, unspecified, left shoulder sprain/strain, left hip and knee contusions and thoracolumbar musculoligamentous sprain/strain. Treatment to date has included diagnostic studies, acupuncture, chiropractic care, medications and work restrictions. Currently, the injured worker complains of low back radiating to the bilateral lower extremities with tingling and numbness and left shoulder pain with associated clicking, pops and weakness. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on December 16, 2014, revealed continued pain as noted with associated symptoms. It was noted he may benefit from shoulder surgery, physical therapy and continued medications. Evaluation on March 23, 2015, revealed continued pain as noted. Electromagnetic studies were recommended secondary to increased bilateral leg pain. Evaluation on May 28, 2015, revealed continued pain as noted. Electromagnetic studies revealed abnormalities of the lower extremities. Chiropractic care and medications were continued. Menthoderm was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm quantity 240mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Agents; Lidoderm (Lidocaine Patch).

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 anti-convulsants 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. The claimant had been on Menthoderm for months in combination with oral Ibuprofen. Long-term use is not indicated and the claimant did not have arthritis for which topical NSAIDs have been studied for short-term use. Therefore, the continued use of Menthoderm is not medically necessary.