

Case Number:	CM15-0111921		
Date Assigned:	06/18/2015	Date of Injury:	08/31/2009
Decision Date:	07/16/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/10/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 34 year old female, who sustained an industrial injury on 8/31/09. She reported back pain while transferring a patient. The injured worker was diagnosed as having status post microdiscectomy lower lumbar spine on left side for left lumbar radiculopathy, persistent low back pain and minimal intermittent radicular pain to left buttock and upper posterior thigh. Treatment to date has included lumbar microdiscectomy, chiropractic treatment, physical therapy, home exercise program, oral medications and topical medications. Currently, the injured worker complains of low back pain with radiation to the left leg, left buttock and left thigh. She has found Diclofenac, as well as chiropractic treatment and local massage to be most beneficial. She is currently working regular duties. Physical exam noted very faint surgical scar of lumbar spine with tenderness of the left upper paraspinal region and SI region with limited range of motion. The treatment plan included request for authorization for continuation of Diclofenac 100mg, Menthoderm topical cream and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, updated 04/30/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-selective NSAIDS Page(s): 107.

Decision rationale: According to MTUS guidelines, Diclofenac Sodium ER is used for osteoarthritis pain. There is no documentation of the efficacy of previous use of the drug. There is no documentation of monitoring for safety and adverse reactions of the drug. There is no documentation that the patient developed osteoarthritis. Therefore, the request for Diclofenac 100mg is not medically necessary.

Menthoderm Topical Cream (Methyl Salicylate 15% and Menthol 10%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/menthoder-cream.html>.

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

Decision rationale: Mentoderm contains methyl salicylate 15% and menthol 10%. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. Mentoderm (menthol and methyl salicylate) contains menthol a topical analgesic that is not recommended by MTUS. Furthermore, there is no documentation of the patient's intolerance of oral anti-inflammatory medications. Based on the above, Mentoderm Topical Cream (Methyl Salicylate 15% and Menthol 10%) is not medically necessary.