

Case Number:	CM15-0173835		
Date Assigned:	09/15/2015	Date of Injury:	08/21/2012
Decision Date:	10/21/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/03/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 65 year old female, who sustained an industrial injury on 8-21-2012. Diagnoses include cervicgia, unspecified polyarthropathy or polyarthritis involving shoulder region, displacement of cervical intervertebral disc without myelopathy. Treatment to date has included medications, psychological evaluation and treatment, and cervical epidural steroid injection. Per the SOAP note dated 8-10-2015, the injured worker presented for follow-up, she reported pain in the right neck and shoulder with radiation to the right arm cramps, and right knee getting worse, the pain goes up to 5-6 out of 10 consistently. Per the medical records dated 2-23-2015 to 8-10-2015 there was not documentation of improvement in symptomology, increase in activities of daily living or decrease in pain level. Objective findings of the cervical spine included full range of motion and tenderness to palpation over the bilateral cervical paraspinal muscles and superior trapezii. Examination of the right shoulder revealed lateral abduction to no greater than 20 degrees. Resist to opposition was +2. Magnetic resonance imaging (MRI) of the right knee was requested. The plan of care included, and authorization was requested on 8-18-2015 for an orthopedic consultation, aqua therapy, oral medications including Gabapentin, Cyclobenzaprine, and Venlafaxine and topical medications including muscle rub (Perrigo) topical cream 85g, and Menthoderm 15% gel 120mL. On 8-28-2015, Utilization Review non-certified/modified the request for muscle rub (Perrigo) topical cream 85g, and Menthoderm 15% gel 120mL based on lack of clinical information provided to support medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle Rub (Perrigo) Topical Cream 85 gm every 4-6 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Methyl salicylate may have an indication for chronic pain in this context. Per MTUS p105, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004)" However, the CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since menthol is not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. The request is not medically necessary.

Menthoderm 15% gel as needed 120 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Mentoderm is methyl salicylate and menthol. Methyl salicylate may have an indication for chronic pain in this context. Per MTUS p105, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004)" However, the CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention,

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