

Case Number:	CM15-0175619		
Date Assigned:	09/17/2015	Date of Injury:	05/11/2012
Decision Date:	10/26/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/08/2015

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: Texas, 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 55 year old female, who sustained an industrial injury on May 11, 2012. Medical records indicate that the injured worker is undergoing treatment for cervicgia, lesion of the ulnar nerve and depressive disorder. The injured worker was noted to be on modified duty. Current documentation dated August 10, 2015 notes that the injured worker reported mild pain and numbness in the left hand and wrist which radiated to the left shoulder. The pain was described as throbbing, dull, aching and pressure like with muscle pain. The pain was rate 3 out of 10 on the visual analogue scale. The pain was relived with rest, medication and lotion. The injured worker also noted stomach burning and constipation. Examination of the cervical spine revealed tenderness to palpation over the bilateral superior trapezius muscles, levator scapula and rhomboid muscles. Range of motion was full. Examination of the bilateral shoulders was normal. Bilateral elbow examination revealed a full range of motion. Sensation was diminished in the left ulnar distribution. Treatment and evaluation to date has included medications, MRI of the right shoulder, psychological evaluation, cognitive behavior therapy and acupuncture treatments. The MRI of the right shoulder (7-10-2015) revealed a rotator cuff tear. Current medications include Methoderm lotion. Current requested treatments include a request for Methoderm gel 15% two to three times a day as needed # 1. The Utilization Review documentation dated August 27, 2015 non-certified the request for Methoderm gel 15% two to three times a day as needed # 1. The patient had received an unspecified number of PT visits for this injury The patient has had a history of a kidney problem and had discontinued anti inflammatory medication. The medication list include Norco, Diclofen, Omeprazole and Ibuprofen. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm gel 15% twice a day to three times a day as needed #1: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: Mentherm gel 15% twice a day to three times a day as needed #1. Mentherm gel contains methyl salicylate and menthol. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. There is no evidence in the records provided that the pain is neuropathic in nature. The records provided do not specify that trials of antidepressants and anticonvulsants have failed. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is also no evidence that menthol is recommended by the CA, MTUS, Chronic pain treatment guidelines. Topical menthol is not recommended in this patient for this diagnosis. The medical necessity of the request for Mentherm gel 15% twice a day to three times a day as needed #1 is not fully established in this patient.