MAXIMUS Federal Services

Case Number:	CM15-0029194		
Date Assigned:	02/23/2015	Date of Injury:	01/02/2014
Decision Date:	04/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/17/2015

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 42 year old male, who sustained an industrial injury on 1/2/14. He has reported right foot and ankle injury. The diagnoses have included cervical spine, lumbosacral sprain/strain, right ankle status open reduction internal fixation and left hip strain/strain and bilateral shoulder sprain/strain. Treatment to date has included open reduction internal fixation of right ankle, physical therapy and medications. Currently, the injured worker complains of worsening symptoms to lumbosacral, right shoulder and right ankle areas. On physical exam dated 1/5/15, increased pain of right ankle is noted with active range of motion and tenderness to palpation of lumbosacral spine. On 2/10/15 Utilization Review non-certified generic prescription drug (Menthoderm cream), noting the lack of sufficient large-scale, randomized controlled references showing safety and efficacy of the requested topical medication in this patient's clinical scenario. The MTUS, ACOEM Guidelines, was cited. On 2/17/15, the injured worker submitted an application for IMR for review of generic prescription drug (Menthoderm cream).

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm cream: 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): 111-112.

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 anticonvulsants 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. In this case, the claimant had been on oral high dose Ibuprofen and Norco. There was no inidication of taperes use of oral NSAID. The sytemic concentrations of topical NSAID can be similar to oral NSAIDs. There is no indication of arthritis. Therefore, the use of Menthoderm is not medically necessary.