

Case Number:	CM15-0066382		
Date Assigned:	04/14/2015	Date of Injury:	03/24/2014
Decision Date:	05/15/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/07/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old male, who sustained an industrial injury on March 24, 2014. The injured worker reported neck and back pain. The injured worker was diagnosed as having cervical radiculopathy, thoracic strain/sprain and lumbosacral strain/sprain. Treatment and diagnostic studies to date have included injections, magnetic resonance imaging (MRI), nerve conduction study and medications. A progress note dated February 9, 2015 provides the injured worker complains of neck and low back pain. Physical exam notes normal gait and full range of motion (ROM) of shoulders. The plan includes medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Ointment 120ml, Cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on March 24, 2014. The medical records provided indicate the diagnosis of cervical radiculopathy, thoracic strain/sprain and lumbosacral strain/sprain. Treatment and diagnostic studies to date have included injections, magnetic resonance imaging (MRI), nerve conduction study and medications. The medical records provided for review do not indicate a medical necessity for Menthoderam Ointment 120ml, Cervical spine. Menthoderam is a topical analgesic containing methyl salicylate and menthol. The Topical Analgesics are largely drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, the requested treatment is not medically necessary since menthol is not recommended.