

Case Number:	CM15-0090614		
Date Assigned:	05/14/2015	Date of Injury:	03/20/2011
Decision Date:	06/24/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/11/2015

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:

Certification(s)/Specialty:

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 48-year-old female, who sustained an industrial injury on 03/20/2011. She reported tearing her rotator cuff of her right shoulder after a fall at work and had problems with her neck afterward. The injured worker is currently temporarily very disabled. The injured worker is currently diagnosed as having neck pain, back pain, chronic pain, and anxiety and depression. Treatment and diagnostics to date has included cervical fusions, right shoulder surgeries, right wrist surgery, right elbow surgery, epidural steroid injections, and nerve block injections with minimal relief, physical therapy, acupuncture, home exercise program, and medications. In a progress note dated 04/13/2015, the injured worker presented with complaints of severe neck pain, back pain, and hip pain. Objective findings include cervical tenderness. The treating physician reported requesting authorization for Mentherm ointment and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm ointment #120g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Mentherm ointment #120g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Methyl salicylate is significantly better than placebo in acute and chronic pain, but especially acute pain. Topical salicylate was significantly better than placebo but larger more valid studies without significant effect. In this case, the injured worker's working diagnoses are status post left carpal tunnel release; status post right carpal release; status post right cubital tunnel release; left pillar pain. The documentation shows Mentherm gel was started December 4, 2014. There is no documentation indicating objective functional improvement with ongoing Mentherm. The only FDA approved non-steroidal anti-inflammatory for topical use is diclofenac. Methyl salicylate is not FDA approved. Any compounded product that contains at least one drug (methyl salicylate) that is not recommended is not recommended. There is no documentation indicating objective functional improvement with ongoing Mentherm. There is no documentation of failed first line treatment with antidepressants or anticonvulsants. Consequently, absent clinical documentation with evidence of objective functional improvement and failed first-line treatment with antidepressants and anticonvulsants, Mentherm ointment #120g is not medically necessary.